

**UNITED STATES DISTRICT COURT**  
for the  
**District of Oregon**  
**Portland Division**

**Modesto Luis-Hernandez**

*Plaintiff,*

**-v-**

**Marion County Sheriff Joe Kast,  
Marion County Jail; Marion County  
Medical staff "John Doe",**

*Defendant(s)*

Case No. 7:24-cv-120 AK  
(to be filled in by the Clerk's Office)

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*. You may file this complaint with the Clerk's Office with this complaint.

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

(Prisoner Complaint)

Form 39.010

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed *in forma pauperis*.

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## I. The Parties to This Complaint

### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name:	Modesto Luis-Hernandez
All other names by which you have been known:	_____
ID Number:	21941529
Current Institution:	Snake River Correctional Institution
Address:	777 Stanton Blvd. Ontario, OR 97914

### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

#### Defendant No. 1

Name:	Joe Kast
Job or Title:	Marion County Sheriff
Shield Number:	_____
Employer:	Marion County Jail
Address:	4000 Aumsville Hwy SE Salem, OR 97301
<input type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity	

#### Defendant No. 2

Name:	Dr. "John Doe"
Job or Title:	Marion County Medical Doctor
Shield Number:	_____
Employer:	Marion County Jail

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Address:

4000 Aumsville Hwy SE

Salem, OR 97301

Individual capacity  Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 US. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

My 8<sup>th</sup> Amendment constitutional right to be free from cruel and unusual punishment was violated by local officials from the Marion County Jail.

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Defendant Kast acted under color of law when he failed to investigate or assign a designee to look into the providing of medical care that was needed for

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Modesto Luis Hernandez after an injury that he had sustained while in the care and custody of his staff and within his facility of the Marion County Jail.

Defendant Dr. "John Doe" acted in his official capacity when he failed to provide prompt and proper medical attention to inmate Modesto Luis Hernandez after he had sustained an injury while performing his duties as inmate worker and while he was in custody at the Marion County Jail, and brought to the medical provider located within the facility. Inmate Luis-Hernandez submitted various medical request forms to be seen for his injuries and for treatment. Dr. "John Doe" and the staff at the Marion County jail were absolutely indifferent to Mr. Luis-Hernandez' medical needs. Treatment was not provided promptly, which has resulted in Plaintiff having limited ability to work and daily routine activities. If the required medical care had been promptly provided plaintiff would have had full function and ability to work, and would not have had to resort to file a lawsuit against these individuals.

### **III. Prisoner Status**

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (explain) \_\_\_\_\_

### **IV. Statement of Claim**

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

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A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

I suffered an injury while in custody, and as inmate worker, at the Marion County Jail, located at 4000 Aumsville Hwy SE., Salem, OR 97301

The accident took place in October 17, 2021, between 07:00 and 07:30 am.

B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

I had slipped and fallen while working as an orderly in the Marion County Jail. When I fell I yelled, and an officer attempted to get me up, and due to the pain, I asked him to not move me, and I then asked to have medical staff check on me. From there medical staff arrived and moved me to the medical area. I was asked on which side of my body the pain was (left side) and was given 30 days of no work. During that time, and while recovering, I began to regain limited movement. This is when one of the jail officers noticed this slight recovery and decided to force me to continue working (before 30 days from the accident) and I was threatened that if I refused to work I would be punished for it. I was only able perform a little bit of work as my limitations allowed me to.

C. What date and approximate time did the events giving rise to your claim(s) occur?

The accident took place in October 17, 2021, between 07:00 and 07:30 am.

D. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

As part of my orderly duties, as inmate worker while in custody in county jail, I was told to go and clean two of the cells that serve as isolation for inmates that violate behavioral rules while in custody of the county jail. I had just finished cleaning the first of the two cells, and I was on my way to clean the second one. I was walking down the hallway and I slipped on water that I did not see on the floor right in front of the showers (there were no Wet Floor signs either). I know there were 3 or 4 officers present because I slipped and fell right in front of them. I was not able to get their names. It was one of those officers that rushed to my aid. He tried to pick me up, but since I was badly hurt and could not get up it was this officer who made the attempt to find the on-site doctor and provided me with a wheelchair and even wheeled me out to the doctor's office.

**V. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

When I slipped and fell I landed on the left side of my body. I hit my head on the hard floor, so much so that I was immediately dazed/dizzy. My left shoulder and my left leg both hit the floor as well, and although I didn't notice any bruising soon after the fall, I have been in pain ever since. The shoulder injury that I sustained entailed torn tendons/ligaments, and the shoulder itself dislocated. The injuries were such that my shoulder was basically useless. I couldn't do even do the simplest of tasks, like taking a shower and such. My shoulder was numb and just limply hanging.

I sustained pretty much the same type of injuries on my left leg (tendons, ligaments, considerable bruising) and subsequently lost feeling on it as well. The doctors that attended to my injuries informed me that the tendons in the back of my leg were displaced about 5 centimeters due to the fall (I basically did the splits).

I had to climb the stairs to the second floor to be able to meet with my court appointed attorney. When he noticed how I had a hard time because of my injuries he arranged for our meetings to take place in the first floor.

I had It took about 3 months, from the time of the accident, for me to be seen by the Hope Orthopedic clinic. The doctor that took care of me there informed me that the displaced tendons/ligaments had already healed in the wrong place and surgery meant to have to cut muscle tissue and possibly the tendons/ligaments in order to repair the sustained damage. The doctor indicated that the chances of getting back to full recovery were slim to none, not to mention that the chances of amputation were very high. In the end, the doctor suggested to just leave it alone, that I would lead a somewhat normal life, although with limited mobility and long-lasting pain, but I would at least be able to walk on my own two legs. After I had my shoulder surgery I was placed in the inmate recovery area of county jail. Two days after that a deputy came to see me to tell me that I was well enough to move to general population area, because according to him I should have recovered enough to be moved.

The morning after being moved to the general inmate area I was on my way to get my meds from the med cart. I was still limping, dizzy, and in a lot of pain, when I once again fell. The floor conditions were the same as with the original injury: water on the floor and no signs indicating so. There were quite a few witnesses, to include attorneys visiting with their clients, and these attorneys were the ones that

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alerted C.O. Felix about my fall and threatened the staff to take care of me or they would act as witnesses of that incident.

## VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

\$100,000.00 for shoulder, \$100,000.00 for leg, and \$100,000 for pain and suffering and continued future recurring pain.

The basis for these amounts is the estimated income that I would have been able to earn had I been able to function properly and perform all the required work that I would have been able to perform if I had not had any functional limitations. I have been told by the medical staff that because of my injuries I won't be able to attain full function and that my condition may even worsen, which it has.

It is also worth mentioning the following: medical deliberate indifference, negligence, and abuse of discretion as actions from the Marion County Jail staff and the medical staff in considering the relief I'm seeking.

## Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

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**Marion County Jail**

- B.** Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

- C.** Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)? \_\_\_\_\_

- D.** Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

- E.** If you did file a grievance:

1. Where did you file the grievance?

Marion County Jail

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**2. What did you claim in your grievance?**

My claim was that of the accident, witnesses, the sustained injuries and the lack of proper medical care.

**3. What was the result, if any?**

The result was that of delayed proper medical care at the time of the accident, the indifference expressed by the medical personnel, and the denial of proper medical care/solutions.

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**4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)**

I followed the proper grievance procedure, the sending of the communication Kytés reminding/pleading the medical personnel to provide me with the necessary medical care, and the safekeeping of all the grievance responses I received.

**F. If you did not file a grievance:**

**1. If there are any reasons why you did not file a grievance, state them here:**

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**2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:**

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**3. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.**

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*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

## VII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible. \_\_\_\_\_

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s): \_\_\_\_\_

Defendant(s): \_\_\_\_\_

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

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4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition. \_\_\_\_\_

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

### VIII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

#### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

01/11/2024

Signature of Plaintiff:

modesto luis Hernandez

Printed Name of Plaintiff:

Modesto Luis-Hernandez

Prison Identification #:

21941529

Prison Address

Snake River Correctional Institution  
777 Stanton Blvd.  
Ontario, OR 97914

LUIS-HERNANDEZ, MODESTO

21941529

07/24/1969

## RECORDS REQUEST INVENTORY FORM

PATIENT SID#: \_\_\_\_\_

DATE RANGE OF RECORDS PROVIDED AND DESCRIPTION

Dental	3	3.23 to 11.27.22
Flow Sheets	1	2.24.23
Special Needs	2	5.18.23
Problem List/ Facesheet	5	7.3.23 to 11.22.22
Physician Orders	4	7.4.23 to 11.22.22
Progress Notes	10	6.10.23 to 11.22.22
Labs	3	2.23.23 to 2.16.23
X-Rays	1	11.2022
TB Test	—	—
Misc Test	1	12.22
Optical	—	—
Consults	3	2.28.23 to 2.12.23
Consents	6	12.26.22 to 11.22.22
Intake Papers	5	—
Old Records Medical Kypes	2	11.22.22 to 11.2022

BHS RECORDS

Progress Notes	_____
Evaluations	_____
Assessments	_____
Kypes	_____
Other	_____

Total Pages/Fee (\$1.25 per page for first 10 pages then \$.25 per page): \_\_\_\_\_  
 Total Copy Charge: \_\_\_\_\_

No Charge (e.g., provider request or AIC free copy per OAR 291-124-0100)

Requested By: \_\_\_\_\_

Prepayment Notification Sent: \_\_\_\_\_ Records Mailed/Delivered: 07-11-2023Patient/AIC Signature for Receipt of Records: Modesto Luis H


  
COVID-19  
Flowsheet

Evaluation for circle one:

Confirmed COVID

Suspected COVID 19

Quarantine

14-Day Observation

PT's Sticker Name/SID #			Housing Unit	Date of Onset	COVID 19 Testing Y/N If Yes Date Tested			COVID 19 NEG / POS			FLU NEG / POS			
Luis-Hernandez, M. 21941529			3F05B											
Day # After posure	Date	Time	TEMP/ BP SAO2	SYMPTOMS INDICATE WITH (X) IN BOX IF PATIENT REPORTS POSITIVE SYMPTOM BELOW										Screening Personnel Name and Signature
	Fever/ Chills	Cough	SOB/ difficulty breathing	Fatigue	Muscle or Body Aches	Headache	New Loss of Taste or Smell	Sore Throat	Congestion /runny nose	Nausea or Vomiting	Diarrhea	Nope		
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## COVID I Flowsheet

### Evaluation for circle ones

Confirmed COVID

Suspected COVID-19

## Quarantine

### 14-Day Observation



COVID 19

## Flowsheet

**Evaluation for circle one:**

## Confirmed COVID

Suspected COVID 19

### **Quarantine**

## 14-Day Observation

PT's Sticker Name/SID #				Housing Unit	Date of Onset	COVID 19 Testing Y/N If Yes Date Tested:				COVID 19 NEG / POS				FLU NEG / POS			
Day # After Exp	Date	Time	TEMP / BP SAO2	SYMPTOMS INDICATE WITH (X) IN BOX IF PATIENT REPORTS POSITIVE SYMPTOM BELOW													
				Fever / Chills	Cough	SOB/ difficulty breathing	Fatigue	Muscle or Body Aches	Headache	New Loss of Taste or Smell	Sore Throat	Congestion/ runny nose	Nausea or Vomiting	Diarrhea	None	Screening Personnel Name and Signature	
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				<input type="													

Other:



## **COVID 1 Flowsheet**

**Evaluation for circle one:**

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

COVID	Suspected COVID 19	Quarantine	14-Day Observation	
Housing Unit	Date of Onset	COVID 19 Testing Y/N If Yes Date Tested:	COVID 19 NEG/ POS	FLU NEG / POS
B117B		Rapid If Yes Date Tested: 11/27/22		

Other:



## OREGON DEPARTMENT OF CORRECTIONS – DIET ORDER FORM

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

(D.O.B.)

(Unit/bunk – if delivered)

2/24/23  
(Start Date)  
8/24/23  
(Expiration Date)

New Diet Order:  Yes  No      Changes to Existing Order:  Yes      Previous Diet Code \_\_\_\_\_

New diet order forms replace all previous diet order forms.

Check desired diet and Email/Fax form to Food Services. Enter code in DOC400 Special Needs-Diet-Comments.

Retain diet order form under special needs tab in medical file until diet is expired or discontinued.

<u>Diet</u>	<u>Code</u>	<u>Description: Clinical Indications</u>
<input type="checkbox"/> Clear Liquid	CLQ	Clear Liquids only: surgery prep, procedure prep, post-op, bowel rest Not nutritionally adequate, 3-day maximum recommended
<input type="checkbox"/> Full Liquid	FLQ	Next step in diet advancement after CLQ, adds opaque liquids Not nutritionally adequate, 3-5 day maximum recommended
<input checked="" type="checkbox"/> Pureed	PUR	Smooth texture, no chewing required: dysphagia, wired jaw, post-dental work
<input type="checkbox"/> Dental Soft	DS	No hard, crunchy foods (chips, apples, raw veg): missing teeth, TMJ
<input type="checkbox"/> Low Residue	LR	Restricts high-fiber foods and common bowel irritants, also functions as Bland diet: Crohn's, Colitis, IBS, cancer, post-bariatric surgery
<input type="checkbox"/> Gluten-Free	GF	Eliminates food containing wheat, barley & rye: celiac disease only
<input type="checkbox"/> Low-Protein Renal	REN	Restricts protein, sodium, potassium & phosphorus: stage 1-4 CKD
<input type="checkbox"/> High-Protein Dialysis	DIA	Increased protein while restricting sodium, potassium & phosphorus: Stage 5 CKD, active dialysis (CCCF & TRCI only)
<input type="checkbox"/> Double Protein Entrée	DBL	Extra portion entrée only (not dbl meal): malnutrition, cancer cachexia

<u>Snacks</u>	<u>Code</u>	
<input type="checkbox"/> AM (served at breakfast)	SNB	1 whole sandwich (includes 2 oz protein) + 1 svg fruit
<input type="checkbox"/> PM (served at lunch)	SNL	1 whole sandwich (includes 2 oz protein) + 1 svg fruit
<input type="checkbox"/> HS (served at dinner)	SND	1 whole sandwich (includes 2 oz protein) + 1 svg fruit
<input type="checkbox"/> AM/PM/HS (served TID)	SNBLD	1 whole sandwich + 1 svg fruit for each snack
<input type="checkbox"/> Diabetic Snack (served at dinner)	DBSN	1/2 sandwich + fruit, provides 2 carb-choices: insulin-dependent diabetics
<input type="checkbox"/> Post-Op Snack	PSN	whole sandwich (lean meat only) + fruit + milk: recovery, pregnancy
<input type="checkbox"/> Other order from MD or RD:		

J. Frank NP/Coppe RN  
(Medical Staff Signature)

(Print Name)

NP | RN  
(Title)

2/24/23  
(Date)

## OREGON DEPARTMENT OF CORRECTIONS

**PHYSICIAN'S ORDERS**

NAME: Luis-Hernandez, Modesto DATE & TIME INST. DNS   
 # 21941529

ALLERGIES: NKDA SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez, Modesto DATE & TIME INST. DNS   
 # 21941529

ALLERGIES: NKDA SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez, Modesto DATE & TIME 7/3/23 1500 INST. Scl DNS   
 # 21941529

*Note: Contraindicated for patients with liver disease.*  
 Proposed OS - (1) Dugidin Hernandez 1/00  
 General  
 Betocet cleanse to lower (1) torso x 14 days  
 1PS X 1m 1  
 PIV after ultrasound, 3 anal.

ALLERGIES: NKDA SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez, Modesto DATE & TIME 6.14.23 900 INST. Scl DNS   
 # 21941529

*PW 2wks (1) to wound  
 CS when culture avail.*

ALLERGIES: NKDA SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

## OREGON DEPARTMENT OF CORRECTIONS

**PHYSICIAN'S ORDERS**

NAME: LUIS-Hernandez, M DATE & TIME 6/10/23 INST. SKC1 DNS   
 # 21941529

Wound & CV therapy to 10/12  
 Rocycillin 1gm IM I.M. repeated today  
 wound & C to be weds.

Neted 6-10-23 RN  
 6/10/23 10:00 AM

ALLERGIES:

SEND DUPLICATE TO PHARMACY

NAME: LUIS-Hernandez, M DATE & TIME 6/10/23 2023 INST. SKC1 DNS   
 # 21941529

~~No H/A~~  
~~10/10/23~~  
~~Start Doxy 100mg BID X 10 days~~  
~~will need 2nd Rocycillin Sat Saturday 7 days post wound~~

LUIS-HERNANDEZ, MODEST SID: 21941529  
 DOXYCYCLINE MONO 100MG CAP (VIBRAMY)  
 TAKE 1 CAPSULE ORALLY TWICE DAILY TIME(S) 10  
 DAYS (DISPENSED FROM STOCK) (FILL IN BLANK)  
 CARD USED) - OK IN CELL  
 START: 06/08/23 STOP: 06/17/23

Frank NP / RSC- LUIS-HERNANDEZ, MODEST SID: 21941529  
 SMZ/TMP DS~ (GEN. SEPTRA DS) 800/160MG

DC'ED MED - 1743642-  
 START: 06/08/23 DC Date: 06/08/2023

NAME: LUIS-Hernandez, M DATE & TIME Luis Hernandez INST. SKC1 DNS   
 # 21941529

~~Re: Infection~~ ~~Depot DA DS 250mg BID X 10 days~~

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez, Modest DATE & TIME 6/10/23 1600 INST. SKC1 DNS   
 # 21941529

DC light duty - Full duty now C  
 NO lighting >50# X 1 yr

XLU 3 mos for shoulder pain

ALLERGIES:

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

## OREGON DEPARTMENT OF CORRECTIONS

**PHYSICIAN'S ORDERS**

NAME: Luis-Hernandez DATE & TIME 4/17/23 1305 INST. SPCY DNS   
 #21941529

Preschedule

~~Neopet~~  
 X  
 11/11/23  
 3/2

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez DATE & TIME 3/10/23 1300 INST. SPCY DNS   
 #21941529

~~Perf~~  
 11/11/23  
 3/1/23

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez DATE & TIME 2/28/23 1300 INST. SPCY DNS   
 #21941529

Perf ext &amp; lemons

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

NAME: Luis-Hernandez DATE & TIME 2/17/23 1430 INST. SPCY DNS   
 #21941529

X ray lumbar &amp; ① hip

~~11/11/23 1300~~  
 3/1/23 1430  
 Dr. Williams RN / Frank FAP

ALLERGIES: NKDA

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

## OREGON DEPARTMENT OF CORRECTIONS

**PHYSICIAN'S ORDERS**

NAME:

DATE &amp; TIME

INST.  SRC1DNS # Luis-Hernandez, Modesto  
21941529

Transcribed from pink sheet:

Recommend wall crawls, table slides, doorways situps, towel stretch. Hold 10 seconds each. Repeat 10 times, 3x/day. Strength training as follows using resistance bands: Shoulder V, L, ABD, ADD, IR, ER, rows, bicep curls, 3 sets of 10 reps each, 2x/day if you in 3-4 links. Stephens/Brenda

ALLERGIES: None

Travis PNP

SEND DUPLICATE TO PHARMACY

NAME:

DATE &amp; TIME

INST.  SclDNS # Luis-Hernandez, Modesto  
21941529

X Ray (L) shoulder

2/1/23

PT eval pt tx recent SLP  
Repair (L) shoulderNOTED  
2/1/23  
X-ray

ALLERGIES: None

SEND DUPLICATE TO PHARMACY

NAME:

DATE &amp; TIME

INST.  SRC1DNS # Luis-Hernandez, Modesto  
21941529

H duty &amp; pushing/pulling/lifting &gt; 20#

x 1yr

BB x 1 yr (L) shoulder injury/refer

140916, 290, PEA, HgDTC 1 yr

ALLERGIES: None

SEND DUPLICATE TO PHARMACY

NAME:

DATE &amp; TIME

14/23 1700

INST.  SRC1DNS # Luis-Hernandez, Modesto  
21941529

140916, 290, PEA, HgDTC Prior

to intake 1/23/23

to scheduler

Note  
14/23  
Pain  
2/1/23

ALLERGIES: None

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/93)

## OREGON DEPARTMENT OF CORRECTIONS

**PHYSICIAN'S ORDERS**

NAME: Luis-Hernandez	DATE & TIME	INST.	DNS <input type="checkbox"/>
# 21941529	per np / no frank / doctors, do		
LUIS-HERNANDEZ, MODEST SID: 21941529			
NAPROXEN (GEN NAPROSYN) 375MG TAB TAKE 1 TABLET ORALLY TWICE DAILY IF NEEDED FOR FIVE DAYS (FILL IN BLANK CARD USED)			
**NURSE PROTOCOL** - OK IN CELL START: 12/31/22 STOP: 01/04/23			

*ND red  
12/31/22  
2023*

ALLERGIES: No	SEND DUPLICATE TO PHARMACY		
NAME: Luis-Hernandez	DATE & TIME 12/3/22	INST. CCIC	DNS <input type="checkbox"/>
# 21941529	OK low risk x 3nts, fit seen by provider. Pending order/ Roberts /S. Anderson MD		

ALLERGIES: No	SEND DUPLICATE TO PHARMACY		
NAME: Luis-Hernandez	DATE & TIME 11/22/22	INST. CCIC	DNS <input type="checkbox"/>
# 21941529	1-D/C Med ISO-INTK Status 2-Med ISO CC X 5D 3- Schedule 5 Day rapid PCR when CC ID'ed from R&D VO Dr. Roberts <i>CCIC</i>		

ALLERGIES: No	SEND DUPLICATE TO PHARMACY		
NAME: Luis-Hernandez	DATE & TIME 11/22/22	INST. CCIC	DNS <input type="checkbox"/>
# 21941529	Modesto MED ISO INTK X 5D Rapid Covid PCR test Day 0 in R&D TO. Dr. Roberts <i>CCIC</i>		

Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

ALLERGIES: No	SEND DUPLICATE TO PHARMACY
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All orders for schedule II and III medication will be automatically stopped in 72 hours.

Oregon Department of Corrections

**Progress Notes**

DATE TIME PROB.#

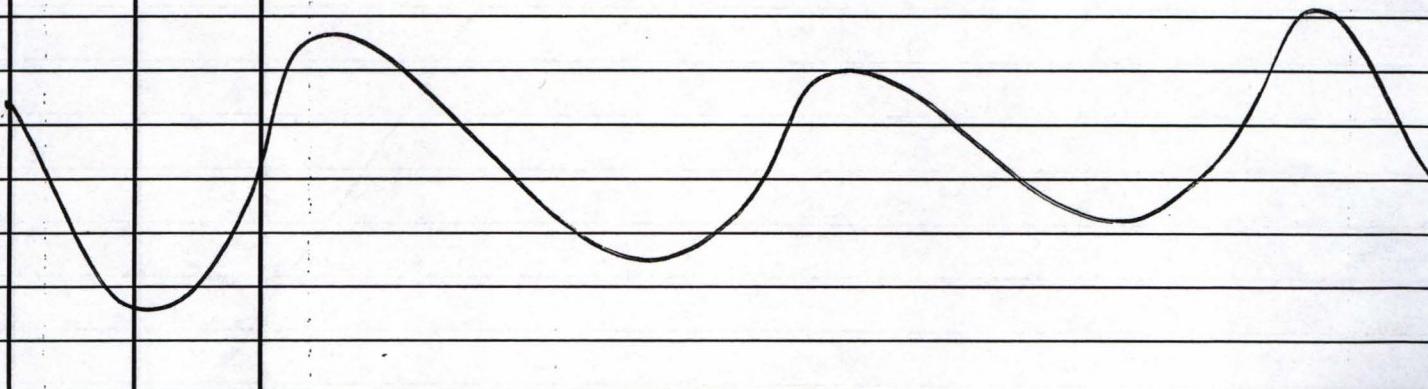
11-22-22	1414	R&D	Patient offered COVID-19 testing. Nasal swab sample collected. BinaxNOW COVID-19 Ag
			Rapid test completed. Result: <b>Negative</b> or <b>Positive</b> <u>O/HENW</u>

Date 11/22/22 Time 1414 Patient identified as close contact of Covid + AIC. Placed on MED ISO CC x 5 days, Scheduled for rapid PCR in 5 days. Scheduled for RICK checks Monday, Wednesday, Friday. Signature O/HENW

Date: 11/27/22 Patient offered COVID-19 testing. Nasal swab sample collected. Abbot ID NOW Rapid PCR  
 Time: 0936 Rapid Test Completed. Result: **Negative** or Positive O/HENW  
 (Nurse Signature)

12/3/22 1000 Sick Sp 9<sup>o</sup> L shoulder surgery 7/2022, brings document Limited ROM, Also 4<sup>o</sup> knee pains.  
 A/p OK bottom bunk til seen by provider. -S, Anderson

12/6/22 1300 Sick Patient seen for sick call L shoulder pain / leg pain. Full ROM noted. Patient advised that a provider would determine if the patient meets the requirements for low bunk. Patient advised if condition changes or worsens to notify medical. Patient verbalized understanding. K Holl



Allergy \_\_\_\_\_

Nhe

LUIS-HERNANDEZ, MODESTO  
 21941529  
 07/24/1969

## Oregon Department of Corrections

## **Progress Notes**

DATE TIME PROB.#

A hand-drawn graph on white paper with horizontal ruling lines. A vertical line is drawn on the left side. A smooth, downward-sloping curve starts near the top-left corner and ends at the bottom-right corner of the page, passing through the vertical line.

Allergy \_\_\_\_\_

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

## Progress Notes

DATE TIME PROB.#

12/12/22	1330	C2	S: I HAVE THIS PAIN IN MY STOMACH SINCE I TRANSFERRED HERE. O: ALOX 3, MAD, C/O (L) SIDED ABD PAIN X 10 DAYS SINCE XRN TO SRC1, STATES WAS CRAMPED SITTING IN BUS X 7", NOW MUSCLE PAIN TO ABD. ON INSPECTION BELLY SOFT/OBESR (+BS X 4, BM WNL) UNIRITING 5 DIFF, + APPETITE, O NIVID, BETTER @ OTC PAIN RELIEVERS, WORSE @ ACTIVITY A: AT IN COMFORT P: APPROXIMATE PAIN NP, FEET, AND ACTIVITIES THAT AGGRAVATE IT. VLU + AGREES TO FOLLOW UP
1/12/23	1900	MNU	NMU Instructions given —
1/12/23	0710	CM	SRC-9115 Labbs drawn HAC — KRB NAME _____
1/31/23	1321	C-2	(S) "I had surgery to my left shoulder. I already have the order for BB, I was wanting to see if I can see the physical therapist for my shoulder" (A) Acc in clinic, steady pain, states "L shoulder hurts at times, no redness, bruising is obvious deformity noted full ROM noted, grips equal/strength (P) will schedule or asking Sir, PT consent, Acc VLU Agrees to POC no further consents verbalized —
2/6/23	1340	CM	3v Lt Shoulder x-ray completed KRB

Allergy \_\_\_\_\_

NA	LUIS-HERNANDEZ, MODESTO
SID	21941529
DOI	07/24/1969

## Oregon Department of Corrections

## Progress Notes

DATE TIME PROB.#

Coffee Creek Intake Center Chart Review			Transfer OUT
Pt. Name	Luis-Hernandez, Modesto	SID	21941529
1. Patient stable for transport?	Yes / No	Current health concerns:	see chart
2. Date of last PPD:	11/25/22	Results (mm):	0
If PPD positive, Chest X-ray Date:		Chest X-ray Results:	
3. Date Intake Physical Completed:	NO	Date Dental Intake Completed:	ND
4. List Major Diagnoses or Chronic Diseases:			
5. Are Major Diagnoses current and accurate?	Yes / No	Are DOC-400 Major Diagnosis code(s) current and accurate? Yes / No	
6. Hep A/B vaccine started?	Yes / No	Date of: Last Hep A/B vaccine:	Next Hep A/B vaccine: Date of completion:
7. Influenza Vaccination?	Yes / No	Date of Influenza Vaccination:	Refused Influenza Vaccination? Yes / No
8. COVID 19 Vaccine?	Yes / No	Date of 1 <sup>st</sup> Vaccination: 07/04/21	Date of 2 <sup>nd</sup> Vaccination: 09/27/21
COVID 19 Test Results: Positive / Negative Date: 12/19/22		Refused COVID 19 Vaccination? Yes / No	
9. List ALL prescribed Medications:			
a. MAR(s) pulled?	Yes / No	b. ALL meds (including overflow) pulled?	Yes / No
c. Frequency of Medicines (circle one):	none	QD      BID      TID      QID	
10. List ALL pending appts:	see DDC	On BHS Caseload? Yes / No	
11. List disability and/or special equipment/housing needs:	Spanish speaking	Health Status updated & Face Sheet printed? Yes / No	
12. Chart being sent?	Yes / No	Overflow chart (# sent):	X-rays being sent? Yes / No
Signed	Juanito	Printed Name	Jude Timmell
		Date	12/10/22 Time 03:40 CD 1849 Rv 2/5/21

Medical Chart Review			Transfer IN
Pt. Name	Luis-Hernandez, Modesto	SID	21941529
1. Patient medically stable?	Yes / No	Received At	SPCI
2. Date of last PPD:	11/22/22	Received From	CCIC
If PPD positive, Date of: Chest x-ray:		Transfer Date	12/20/22
3. Hep A/B vaccine started?	Unknown	Current health concerns:	see chart
4. Influenza Vaccination?	Yes / No	Results (mm):	0
5. COVID 19 Vaccine?	Yes / No	Date of: Last Hep A/B vaccine:	Next Hep A/B vaccine: Date of completion:
COVID 19 Test Results: Positive / Negative Date: 12/19/22		Refused Influenza Vaccination? Yes / No	
6. List Major Diagnoses / Chronic Diseases:	No intake exam yet		
a. Are DOC-400 Major Diagnoses codes current?	Yes / No	Major Diagnoses current?	Yes / No
b. All DOC appointments updated for this facility?	see chart	c. All Outside appointments updated for this facility?	Yes / No NA
c. Labs current?	Yes / No NA		
7. List ALL prescribed Medications:	N/A		
a. Did medications arrive?	Yes / No	b. Meds placed for NP Medline or KOP?	Yes / No
c. MAR(s) reviewed for accuracy and expiration?	Yes / No	d. Meds ordered from pharmacy (as needed)?	Yes / No
8. Est. Parole Date:	4/14/2032	a. Parole meds?	Yes / No
c. Parole meds received?	Yes / No	b. Current orders for Parole medications?	Yes / No NA
9. a. Health Status updated & Face Sheet printed?	Yes / No / NA	d. Parole Med Nurse notified?	Yes / No
10. Chart received?	Yes / No	b. Dental referral?	Yes / No
a. Overflow chart (# received):		b. X-rays received?	Yes / No / NA
Signed	Juanito	Printed Name	Juradoen
		Date	12/21/22 Time 00:03 CD 1843 Rv 2/4/21

Allergy

None

LUIS-HERNANDEZ, MODESTO
21941529
07/24/1969

## **Progress Notes**

DATE TIME PROB.#

1/4/23 0600 CZ pt - given clearer per order. alpha

Allergy NKA

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

## Oregon Department of Corrections

## **Progress Notes**

DATE TIME PROB.#

Allergy NKDA

NKDA

N LUIS-HERNANDEZ, MODESTO  
SII 21941529  
DC 07/24/1969

Oregon Department of Corrections

## Progress Notes

DATE TIME PROB.#

4/17/23	1415	C-2	<p>(1) sided pain starts in low (D) side of back &amp; goes down the back of (D) leg. Usually happens after he walks a lot or plays hand ball. Pt had an accident in country had surgery on broken arm but not for leg because it was too late. Hurts a lot when he walks in his hip &amp; leg (D) side. It hurts more when it walks/exercise. Why does it hurt, &amp; can you do any X-rays to figure out what's wrong? I don't take medication. Because I want them to fix it. And I didn't have any kind of therapy for it. Pain lasts for 1 or 2 days after he massages it hot showers it stops.</p> <p>(1) Shoulder also hurts when it's cold outside since he had surgery would like therapy for that.</p> <p>(1) Pt has full ROM able to walk w/ a limp when here. Standing fine w/ pain.</p> <p>(1) sit in comfort.</p> <p>(P) Gave static stretches/exercises to do to help. Warm compresses 20 min on/off. Pt refused pain meds he just wants it fixed.</p>
2/20/23	1300	C-2	<p>(S) pt called called down to see if therapy exercises have been started. Pt state that he received some forms but is not sure if they are for exercise or not. (1) Health (P) pt to come in 7:45 tomorrow with the forms to show RN. Pt educated on needing to do the exercises when ordered by PT. Pt signed and agreed to see [initials]</p>

Allergy \_\_\_\_\_

N	LUIS-HERNANDEZ, MODESTO
S	21941529
D	07/24/1969

## Progress Notes

DATE TIME PROB.#

- 2/21/23 1330 Cm I faxed pulsed diet order to production kic.
- 6/6/23 1300 23rd have an infected example. <sup>Clean</sup> object 1/3, I work in the kitchen  
of sheets + tiles
- 6/7/23 0700 Left Oregon, 3am. Destination,  
107 Center Rd & Brown area in the middle  
of Oregon, 1 day to travel. No driving  
78 @ the time. Walked onto  
Brown Rd. In Napa Valley.  
Did walk. Didn't go into town  
to be fed but 300 sp. Didn't go  
to eat at a restaurant. Oregon plan
- 6/8/23 1300  
② wound deck  
③ LFA mild edema w/ no to slow.  
wound crusty from skin. Tender.  
white head @ edge of wound  
Scant dry serous drainage. Firm  
mass approx 1/2 cm below surface skin.  
VSS-  
④ alt. skin. PRP on one abx. Cleaned  
wound, 1g bandage. Appt. is provider  
pm tomorrow -
- 6/10/23 SRC-2775  
NAME \_\_\_\_\_
- 6/14/23 LFA wound culture on Rocephin - Tegz  
Swab ✓ culture reading on interpole - Flu zukes of

Allergy \_\_\_\_\_ NKDA

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969



**LUIS-HERNANDEZ, MODESTO**  
**DOB: 07/24/1969 53y M**  
**Dr: FRANK FNP, JOHN JAY**  
**Mailstop: FAX**

Client: SNAKE RIVER CORRECTIONS

Acc: 6-42845  
 Req: SRC-2775  
 ID : 21941529  
 SSN:

Mountain Time  
 Coll: 06/10/2023 18:00  
 Recd: 06/12/2023 19:52  
 Rept: 06/17/2023 13:00  
 Hrs Fast: N/A

AEROBIC/ANAEROBIC CULTURE  
 SOURCE: LEFT ELBOW  
 ANTIBIOTICS: ROCEPHIN

## GRAM STAIN

06/13/2023 11:05 AM  
 Many White Blood Cells  
 Many Gram Positive Cocci

AA

## CULTURE, AEROBIC

06/13/2023 03:24 PM  
 Specimen has been received and plated by Microbiology Lab.

AA

06/14/2023 08:45 AM  
 Heavy growth Gram Positive Cocci , Identification to follow.

06/15/2023 08:46 AM  
 Gram Positive Cocci identified as Staphylococcus aureus

AA

## CULTURE, ANAEROBIC

06/13/2023 12:00 PM  
 Specimen has been received and plated by Microbiology Lab.  
 Negative results for anaerobic cultures are reported after  
 4 (four) days of incubation. Positive results will be reported  
 as soon as they become available.

06/17/2023 10:00 AM  
 No anaerobic growth after 4 (four) days incubation.

## SUSCEPTIBILITY/MIC # 1 Staphylococcus aureus

SUSCEPTIBLE	ug/mL	INTERMEDIATE	ug/mL	RESISTANT	ug/mL
OXACILLIN	<=0.25			CIPROFLOXACIN	>=8
GENTAMICIN	<=0.5			LEVOFLOXACIN	4
ERYTHROMYCIN	<=0.25			ERG/ SMX	160
CLINDAMYCIN	0.25				
LINEZOLID	2				
DAPTONMYCIN	0.25				
VANCOMYCYIN	<=0.5				
DOXYCYCLINE	<=0.5				
TETRACYCLINE	<=1				
RIFAMPIN (RIFAMPICIN)	<=0.5				
AMOX/CLAV ACID					
AMPICILLIN/SULBACT					
PIPERACILLIN/ TAZOBACTAM					
IMIPEMEN					

*Started & Rocephin 1m x 2*

(continued on the next page)

*Received 7.1.23*



LUIS-HERNANDEZ, MODESTO  
DOB: 07/24/1969 53y M  
Dr: FRANK FNP, JOHN JAY  
Mailstop: FAX

Client: SNAKE RIVER CORRECTIONS

Mountain Time

Acc# 6-42845	Coll: 06/10/2023	18:00
Req# SRC-2775	Recd: 06/12/2023	19:52
ID # 21941529	Rept: 06/17/2023	13:00
SSN:	Hrs Fast: N/A	

AZITHROMYCIN  
CLARITHROMYCIN  
MINOCYCLINE

Performing Laboratory Legend

---

IP PENDLETON 1  
2460 SW Perkins Ave  
PENDLETON, OR 97801  
(541) 278-4730  
Report Code: AA

THIS IS A COMPLETED REPORT



# STATE OF OREGON DEPARTMENT OF CORRECTIONS

## Health Services

### ABBOTT ID NOW Rapid Covid-19 PCR Test Results



**NEGATIVE**



**POSITIVE**

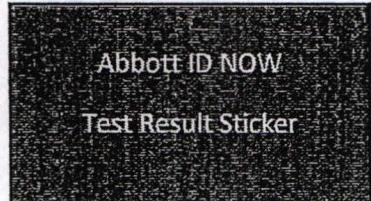
Lot No. 1083372

Expiration Date: 2023-04-19

Completed By: Laura Crawford, LPN

Date: 12/01/2022

Time: 15:29



Nam:	<b>21941529</b>
SID:	<b>Luis-Hernandez, Modesto</b>
DOB:	<b>B117 114 A</b>

The Roche e801 PSA electrochemiluminescent immunoassay is the test methodology used. Results obtained with different assay methods or kits cannot be used interchangeably. The Roche e801 PSA method is approved for use as an aid in the detection of prostate cancer when used in conjunction with a digital rectal exam in men age 50 and older. The Roche e801 PSA is also indicated for the serial measurement of PSA to aid in the prognosis and management of prostate cancer patients. Elevated PSA concentrations can only suggest the presence of prostate cancer until biopsy is performed. PSA concentrations can also be elevated in benign prostatic hyperplasia or inflammatory conditions of the prostate. PSA is generally not elevated in healthy men or men with non-prostatic carcinoma.

Biotin in specimens taken from patients on high-dose biotin therapy or supplements may interfere with this test and cause inaccurate test results. It is recommended that for patients receiving therapy with high biotin doses (> 5 mg/day), no laboratory test specimen should be collected until at least 8 hours after the last biotin administration.

## TSH w/FT4 Reflex

TEST	VALUE	REF. RANGE	UNITS	LC	TEST	VALUE	REF. RANGE	UNITS	LC	LUIS HERNANDEZ, MODESTO 1-77069
TSH w/FT4 Reflex	2.780	0.270-4.20	uIU/ml	AA						

Biotin in specimens taken from patients on high-dose biotin therapy or supplements may interfere with this test and cause inaccurate test results. It is recommended that for patients receiving therapy with high biotin doses (> 5 mg/day), no laboratory test specimen should be collected until at least 8 hours after the last biotin administration.

## CBC w/ANC

TEST	VALUE	REF. RANGE	UNITS	LC	TEST	VALUE	REF. RANGE	UNITS	LC	LUIS HERNANDEZ, MODESTO 1-77069
WBC	5.2	3.6-11.0	K/uL	AA	MCV	84.7	81-99	fL	AA	
RBC	4.82	4.3-5.7	M/uL	AA	RDW	13.3	10.5-15.0	%	AA	
HEMOGLOBIN	13.8	13.5-18.0	g/dL	AA	MCH	29	27-33	pg	AA	
<u>HEMATOCRIT</u>	<u>40.8 L</u>	<u>41-50</u>	<u>%</u>	<u>AA</u>	<u>MCHC</u>	34	30-36	<u>g/dL</u>	<u>AA</u>	
PLATELET COUNT	210	140-440	K/uL	AA						
NEUTROPHILS	55.1	39-80	%	AA	EOSINOPHILS	1.9	0-6	%	AA	
BANDS	0	0-7	%	AA	BASOPHILS	1.0	0-2	%	AA	
LYMPHOCYTES	29.7	24-44	%	AA	OTHER	0	0	%	AA	
<u>MONOCYTES</u>	<u>12.3 H</u>	<u>0-12</u>	<u>%</u>	<u>AA</u>						
NEUT, ABSOLUTE	2.87	2.0-6.9	K/uL	AA	EOS, ABSOLUTE	0.10	0.0-0.7	K/uL	AA	
BAND, ABSOLUTE	0.00	0.0-0.6	K/uL	AA	BASO, ABSOLUTE	0.05	0.0-0.2	K/uL	AA	
LYMPH, ABSOLUTE	1.54	0.6-3.4	K/uL	AA	OTHER, ABSOLUTE	0.00	0.0			
MONO, ABSOLUTE	0.64	0.0-1.1	K/uL	AA						

## LABORATORY TESTING WORK CENTER CODES

AA  
IP PENDLETON 1  
2460 SW Perkins Ave  
PO BOX 1208  
PENDLETON, OR 97801  
(541) 278-4730

LUIS HERNANDEZ, MODESTO

THIS IS A COMPLETED REPORT

1-77069

4C, HJ  
-JAN 25 2023

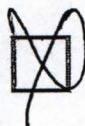




STATE OF OREGON DEPARTMENT OF  
CORRECTIONS

Health Services

ABBOTT ID NOW Rapid Covid-19 PCR Test  
Results



**NEGATIVE**



**POSITIVE**

Lot No. 1084513

Expiration Date: 2023-04/29

Completed By: M. Brugger RN, BSN

Date: 12/29/2022

Time: 1000

**COVID-19 Test**

Patient ID: 21941529  
Date: 29/Dec/2022  
Time: 11:00am

COVID-19: Negative  
Procedural control valid

Lot number: 1084513  
Test ID: 4575cf56-6f3a-48  
3f-8ec9-0bacca944416  
User ID: admin  
Instrument serial number: C2DA401D

**ID NOW**

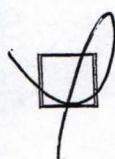
Nan	LUIS-HERNANDEZ, MODESTO
SID:	21941529
DOB	07/24/1969



STATE OF OREGON DEPARTMENT OF  
CORRECTIONS

Health Services

ABBOTT ID NOW Rapid Covid-19 PCR Test  
Results



NEGATIVE



POSITIVE

Lot No. 1084513

Expiration Date: 2023-04-29

Completed By: M. Brugger RN

Date: 12/26/2022

Time: 14:15

COVID-19 Test

Patient ID: 21941529  
Date: 26/Dec/2022  
Time: 3:09pm

COVID-19: Negative  
Procedural control valid

Lot number: 1084513  
Test ID: cd25dbed-8a7c-48  
58-8e48-d88d64b0af96  
User ID: admin  
Instrument serial number: 08C9401D

ID NOW

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969



# STATE OF OREGON DEPARTMENT OF CORRECTIONS

## Health Services

### ABBOTT ID NOW Rapid Covid-19 PCR Test Results



**NEGATIVE**



**POSITIVE**

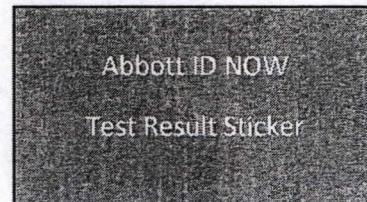
Lot No. 1083372

Expiration Date: 2023-01-19

Completed By: Mugda Crawford, LPN

Date: 12/19/2022

Time: 18:04



Name:	LUIS-HERNANDEZ, MODESTO
SID:	21941529
DOB:	07/24/1969

B109A

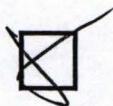
*Transport*



**STATE OF OREGON DEPARTMENT OF  
CORRECTIONS**

**Health Services**

**ABBOTT ID NOW Rapid Covid-19 PCR Test  
Results**



**NEGATIVE**



**POSITIVE**

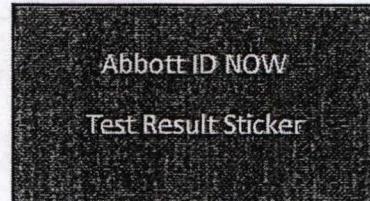
Lot No. 1083372

Expiration Date: 4-19-23

Completed By: Christina Herzen LPN

Date: 11-27-22

Time: 0936



LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

B117B  
C C



**STATE OF OREGON DEPARTMENT OF  
CORRECTIONS**

**Health Services**

**ABBOTT ID NOW Rapid Covid-19 PCR Test  
Results**



**NEGATIVE**



**POSITIVE**

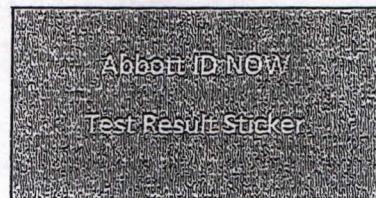
Lot No. 1083372

Expiration Date: 4-19-23

Completed By: Christina Hazeen (M)

Date: 11-22-22

Time: 1414



LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

Accession: 0223-1529 MRN: 21941529 Name: LUIS-HERNANDEZ, MODESTO 21941529 DOB: 7/24/1969 Age 53 years  
 Diagnosis: PAIN DOWN LT LEG



<b>Name:</b>	<b>LUIS-HERNANDEZ, MODESTO</b>	<b>Exam Date:</b>	2/23/2023
<b>DOB:</b>	21941529	<b>Accession:</b>	0223-1529
<b>Gender:</b>	M		
<b>MRN:</b>	21941529	<b>Exam:</b>	XR LUMBAR SACRAL 4 VIEWS OBLIQUES
<b>Account #:</b>		<b>physician:</b>	FRANK, FNP, JOHN
<b>Consulting Physicians:</b>		<b>Fax#:</b>	15418814946

**EXAM:** Lumbar spine series with obliques are

**HISTORY:** Pain radiating to the left leg.

**COMPARISON:** None

**VIEWS:** AP lateral, bilateral oblique, oblique and coned-down views of the lumbosacral junction

**FINDINGS:**

Subtle levoscoliosis versus postural effects.

Normal lumbar lordosis.

Maintained lumbar vertebral body stature and disc spacing.

The bones are intact and well mineralized.

No significant facet arthropathy.

Well corticated sacroiliac joints.

**IMPRESSION:**

No notable degenerative changes seen within the lumbar spine.

(J) 3/2/23

**Dictated By:** GAMBINO, JOHN

**Signed By:** GAMBINO, JOHN

**Signed On:** 2/24/2023 10:39 AM

Accession: 0223-1529 MRN: 21941529 Name: LUIS-HERNANDEZ, MODESTO 21941529 DOB: 7/24/1969 Age 53 years  
 Diagnosis: PAIN DOWN LT LEG



<b>Name:</b>	<b>LUIS-HERNANDEZ, MODESTO</b>	<b>Exam Date:</b>	<b>2/23/2023</b>
<b>DOB:</b>	<b>21941529</b>	<b>Accession:</b>	<b>0223-1529</b>
<b>Gender:</b>	<b>M</b>		
<b>MRN:</b>	<b>7/24/1969 Age 53 years</b>	<b>Exam:</b>	<b>XR HIP UNILAT MIN 2-3V</b>
<b>Account #:</b>		<b>Physician:</b>	<b>W/PELVIS LT</b>
<b>Consulting Physicians:</b>		<b>FRANK, FNP, JOHN</b>	
		<b>Fax#:</b>	<b>15418814946</b>

**EXAM:** AP view of the pelvis with the hips in neutral position and coned-down abducted view of the left hip.

**HISTORY:** Pain radiating to the left leg.

**COMPARISON:** None

**FINDINGS:**

The pelvis looks intact and well mineralized.  
 The pubic symphysis and sacroiliac joints are not widened.  
 The femoral heads are normal in shape and position with symmetric joint spacing.

**IMPRESSION:**

No bony abnormalities demonstrated within the pelvis or left hip.

A handwritten signature in black ink, appearing to read "John Gambino" followed by the date "2/24/2023".

**Dictated By:** GAMBINO, JOHN

**Signed By:** GAMBINO, JOHN

**Signed On:** 2/24/2023 10:37 AM



This transmission is unsecured and confidential information for use by the intended recipient. If you are not this party or are in possession of confidential information and property to which you are unauthorized to access, please notify the sender and delete this communication.

Accession: 0206-1529 MRN: 21941529 Name: LUIS-HERNANDEZ, MODESTO 21941529 DOB: 7/24/1969 Age 53 years  
 Diagnosis: SURGICAL REPAIR, STILL HAVING PAIN




---

<b>Name:</b>	<b>LUIS-HERNANDEZ, MODESTO</b>	<b>Exam Date:</b>	2/6/2023
<b>DOB:</b>	21941529	<b>Accession:</b>	0206-1529
<b>Gender:</b>	M		
<b>MRN:</b>	21941529	<b>Exam:</b>	XR SHOULDER MIN 2V COMPLETE LT
<b>Account #:</b>		<b>Physician:</b>	FRANK, FNP, JOHN
<b>Consulting Physicians:</b>		<b>Fax#:</b>	15418814946

---

**EXAM:** Left Shoulder Series

**HISTORY:** Previous shoulder repair. Still painful.

**COMPARISON:** None

**VIEWS:** AP internal / external I & Transcapular Views

**FINDINGS:**

The bones look intact and well mineralized.

Adequate internal and external rotation of the humeral head.

The acromioclavicular and coracoclavicular distances are maintained. Mild superior hypertrophy of the distal clavicle at the acromioclavicular joint.

No regional heterotopic ossifications.

Glenohumeral jointspacing within normal limits.

**IMPRESSION:**

Mild hypertrophic changes at the acromioclavicular joint.

*[Handwritten signature]* 26/23

---

**Dictated By:** GAMBINO, JOHN

**Signed By:** GAMBINO, JOHN

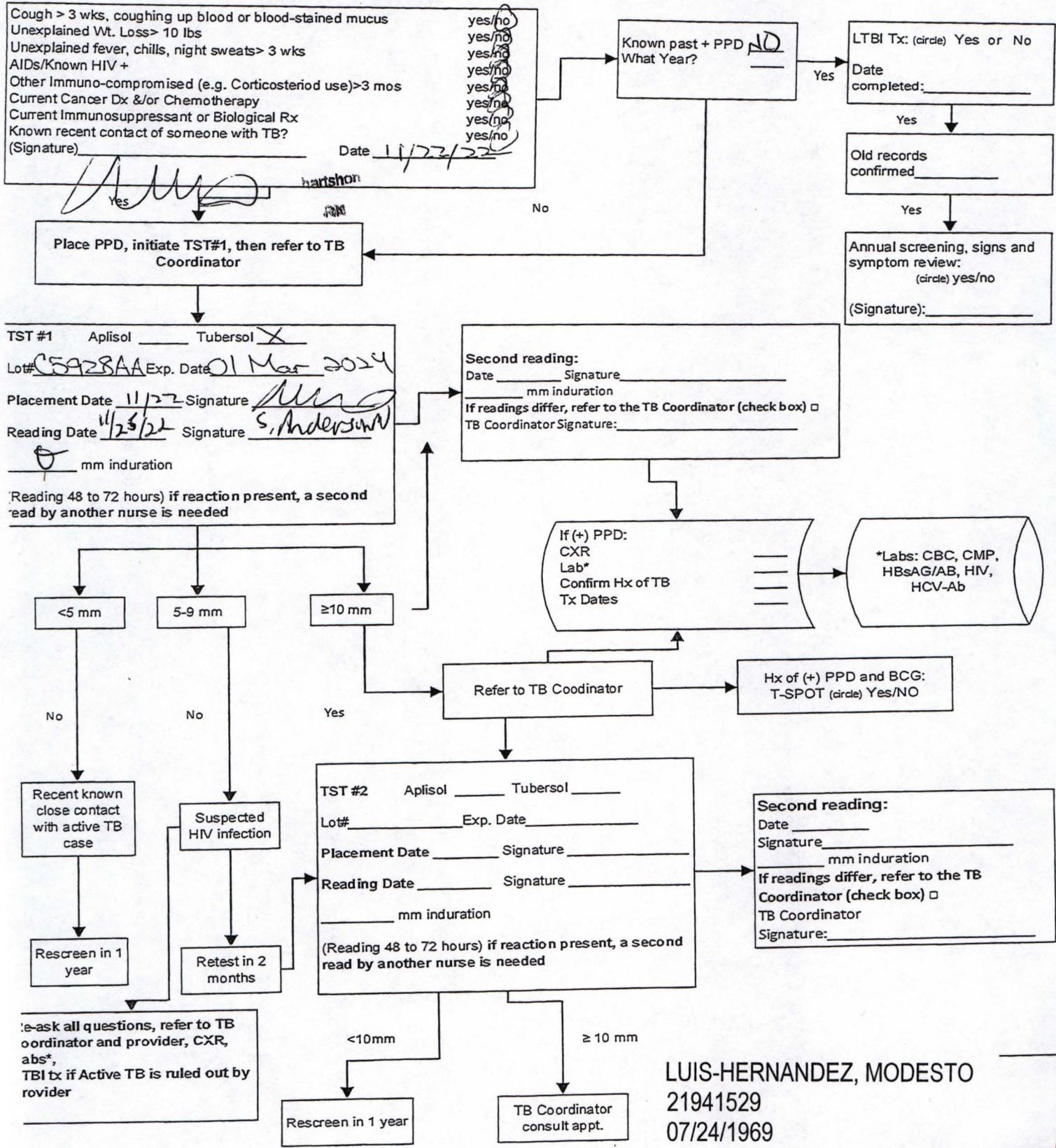
**Signed On:** 2/7/2023 10:00 AM

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Institution *CCU*

# Oregon Department of Corrections

## Tuberculosis Screening Flow Sheet



70 69 68 67 66 65 64 63 62 61 60 59 58 57 56 55 54 53 52 51 50 49 48 47 46 45 44 43 42 41 40 39 38 37 36 35 34 33 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0 mm

**Staff:**

Nurses:			2023		
Initials	Name:	Signature:	Initials	Name:	Signature:
CA	Andero, C.		MM	Martinez, N.	
VB	Bagha, V.	V.B. Bagha	JM	Monaghan, J.	J. Monaghan
SB	Baxter, S.	S.B. RN	JK	Muto, J.	J. Muto RN
KB	Brotherson, K.	K.B. BROTHERSON		Navarrete, A.	A. Navarrete RN
BS	Brugger, M.	M.Brigg	SP	Nicholson, D.	D. Nicholson
DC	Cagle, L.	L.CagleRN	TC	Ochoa, J.	J. Ochoa RN
SC	Campbell, S.	S.Campbell	JP	Piekarz, M.	M. Piekarz
TC	Carnig, T.	T.Carnig	TR	Potter, K.	K. Potter RN
EF	Emery, A.		ML	Purdy, T.	T. Purdy RN
PF	Fisher, T.			Reutzel, R.	R. Reutzel
GF	Fritts, P.	P.Fritts, RN		Rick, M.	
AG	Garcia, E.	E.Garcia	AP	Robinson, A.	A. Robinson RN
AG	Gibbons, A.	A.Gibbons	AM	Rodriquez, I.	I. Rodriguez RN
PG	Greenewald, R.	R.Greenewald	JK	Saito, J.	J. Saito
GT	Jones, T.	T.JonesRN	NC	Sanchez, M.	M. Sanchez RN
JR	Jurado, J.	J.Jurado	DS	Soppe, C.	C. Soppe RN
JK	Kelley, J.	J.Kelley	BN	Stroud, B.	B. Stroud RN
CK	Killion, L.	L.Killion	VO	VanNess, B.	B. VanNess RN
CL	Kimball, C.	C.Kimball	WV	Vickers, T.	T. Vickers
JL	LeMaster, C.	C.Lemaster	WV	Ward, C.	C. Ward
JL	Lopez, K.	K.Lopez	JW	Williams, J.	J. Williams RN
VL	Luna, V.	V.Luna			

**Provider:**

Initials	Name:	Signature:	Initials:	Name	Signature
MC	Cushing, M.	M. Cushing		Hartley, L.	
AC	Clements, A.	A.Clements	WH	Hemphill, B.	B. Hemphill
TF	Flash, K.	K.T. Flash		Siegersma, W.	W. Siegersma
JF	Frank, J.	J.Frank			
GG	Gulick, G.	G.Gulick			

**Pharmacy Tech:**

Initials	Name:	Signature:	Initials:	Name	Signature
EB	Bertrand, E.	E.Bertrand	RP	Points, R.	R. Points

**Management:**

Initials	Name:	Signature:	Initials:	Name	Signature
JB	Bradford, J.	J.Bradford	CP	Price, L.	L. Price
JF	Keller, L.	J.Keller		Warden, J.	J. Warden

**Other:**

Initials	Name:	Signature:	Initials:	Name	Signature



## MEDICATION ADMINISTRATION RECORD

The following symbols will be used to indicate medication administration practices:

- Initials----- Dose was administered as ordered
  - Diagonal Line ----- No dose is scheduled
  - Circled Initials----- Dose was prepared but patient refused
  - X-----No medication available
  - Blank -----No show
  - Circled R ----- Patient Refused

ALLERGIES	Drug Regimen Reviewed For Federal Requirements		DATE ADMITTED	/ /
	ROOM NUMBER		LUIS-HERNANDEZ, MODESTO 21941529 07/24/1969	

Modesto Luis - Hernandez 21941529

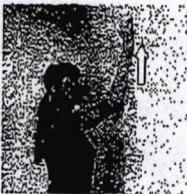


## SHOULDER

Created by Cody Stephens Feb 17th, 2023  
View at my-exercise-code.com using code: GSFSPCE

Total 12 Page 1 of 2

1



## WALL WALK

Place your affected hand on the wall with the palm facing the wall. Next, walk your fingers up the wall towards overhead. Lastly, slide your hand back down the wall to the starting position.

Repeat 10 Times  
Hold 10 Seconds  
Complete 1 Set  
Perform 4 Times a Day

4

INTERNAL ROTATION  
TOWEL STRETCH - IR  
TOWEL

Gently pull up your affected arm behind your back with the assist of a towel. Hold this as a stretch, then lower back down and repeat.

Repeat 10 Times  
Hold 10 Seconds  
Complete 1 Set  
Perform 4 Times a Day

2

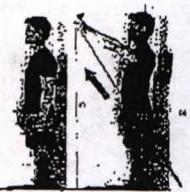


## TABLE SLIDE - SCAPTION

Sitting in a chair and rest your injured arm on a table. Gently slide it forward and to the side by leaning in that direction. Move at approximately 45 degree angle and then return to starting position and repeat.

Repeat 10 Times  
Hold 10 Seconds  
Complete 1 Set  
Perform 4 Times a Day

5

ELASTIC BAND SHOULDER  
FLEXION

While holding an elastic band at your side, draw up your arm up in front of you keeping your elbow straight.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

3

WALL EXTERNAL ROTATION  
STRETCH - ER

Start by standing in a doorway or at the corner of a wall and place your hand on the wall with your elbow bent as shown. Next, gently turn your body the opposite direction causing your shoulder to externally rotate until a stretch is felt. Hold, return to starting position and repeat.

Repeat 10 Times  
Hold 10 Seconds  
Complete 1 Set  
Perform 4 Times a Day

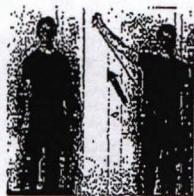
6

Shoulder extension w/scap  
stability

Start position: pull your shoulder blades together and maintain position

End position: while maintaining scapular stability pull your arms into extension against resistance from the band. Slowly return to start position.

7

**ELASTIC BAND SHOULDER ABDUCTION**

While holding an elastic band at your side, draw up your arm to the side keeping your elbow straight.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

10

**ELASTIC BAND SHOULDER EXTERNAL ROTATION - ER**

While holding an elastic band at your side with your elbow bent, start with your hand near your stomach and then pull the band away. Keep your elbow at your side the entire time.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

8

**ELASTIC BAND SHOULDER ADDUCTION**

While holding an elastic band away from your side, pull the band towards your side. Keep your elbow straight.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

11

**ELASTIC BAND ROWS - 90 ABDUCTION**

Start by holding an elastic band with both hands and then move your elbows back as you bend your elbows. Keep your upper arms about 90 degrees away from the side of your body. Return to starting position and repeat.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

9

**ELASTIC BAND SHOULDER INTERNAL ROTATION - IR**

While holding an elastic band at your side with your elbow bent, start with your hand away from your stomach, then pull the band towards your stomach. Keep your elbow near your side the entire time.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

12

**BICEP CURLS**

With your arm at your side, bend at your elbow to raise up the free weight / dumbbell. Lower back down and repeat.

Keep your palm face up the entire time.

Repeat 10 Times  
Hold 1 Second  
Complete 3 Sets  
Perform 2 Times a Day

## CDOC REFERRAL / PRECERTIFICATION REQUEST FORM

**CHP**

Correctional Health Partners

1125 17th St. #1000  
Denver, CO 80202CHP CDOC Medical Management  
Phone: 1-866-362-1374 Option 2  
Fax: 1-866-362-1375

Date of request: 2/10/2023

**Offender**Last Name Luis-Hernandez  
Offender ID 21941529

First Name MODESTO

Gender  Male  Female  
Facility SRCI

DOB 7/24/1969

Priority Level \_\_\_\_\_

Custody Level 3

**Request**

## Request Type (check one):

 Ambulatory Surgery  
 DME (Durable Medical Equipment)  
 Office Visit  
 Other \_\_\_\_\_ Inpatient  
 Observation  
 Therapy (PT/OT/ST/Card Rehab) Pharmacy  
 Surgical Assistant (SA)  
 Outpatient Diagnostic**Requesting Provider**Name John Frank FUP  
Phone 541-881-5000Contact \_\_\_\_\_  
Fax 541-881-4928**Refer to Provider**

Name TRICITY PT FRUITLAND

Phone 208-452-6366 Fax 208-452-6399

Surgical Assist \_\_\_\_\_ Facility \_\_\_\_\_

**Clinical**

DOS 2/16/2023

ICD-9 1. M75.6 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

CPT 1. Q71.0 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Supporting Medical Information** (Criteria for Surgery / DME / What is the provider trying to rule out? / Past tx, history (therapies, etc.) / Test results (radiological evidence, etc.):

PT Consult recent SLAP repair L shoulder

SRCI NURSE 541-881-4982

*This precertification is not a guarantee of payment. Coverage will be determined based on medical necessity, eligibility, policy provisions and availability of remaining benefits, at the time of service.*

## PROVIDER'S RETURNING INFORMATION

## Diagnosis and Findings:

In 2021 pt slipped & fell tried to catch himself with his (L) arm. Injured (L) shoulder. Dr c torn labrum shoulder. Labral repair last August. Since then he is doing fairly well, but still has some pain when trying to climb a ladder, and occasionally has a shooting pain down the radial aspect of the arm into the thumb of (L) hand. ROM WNL throughout.

## Provider's Recommendations / Orders (Do not mention any specific follow up dates or times to the inmate/patients for security reasons):

*Physical therapy*  
Recommend wall crawls, table slides, doorway stretch, Towel stretch. Hold 10 seconds each. Repeat 10 times, 4x/day. Strengthening as follows using resistance band: Shoulder J/J, ABD, ADD, TR, ER, rows, bicep curls: 3 sets of 10 reps each, 2x/day. F/u in 3-4 weeks.

Community Provider's Signature:

Date: 2/16/23

PLEASE REMEMBER TO SEND/ FAX A COPY OF YOUR WRITTEN REPORT TO THE REFERRING ODOC PHYSICIAN

## POST CONSULT DOC COMMENT SECTION (Institution Use Only)

Community Provider Orders Reviewed by Nursing with ODOC Provider for Urgent Needs:

No Urgent Needs       Urgent Needs, Orders Transcribed

ODOC Nursing Signature:

Date: 2/17/23

Time: 1800

Orders Approved

Orders Denied

To TLC

Comments:

ODOC Provider:

Date:



**Departamento de Correcciones de Oregon- División de Servicios de Salud  
Formulario de Vacunas para Adultos- Dosis de Refuerzo  
Bivalente Moderna COVID-19 Vacuna**

El Departamento de Correcciones está ofreciendo la vacuna para el COVID-19 Moderna, Bivalente para todas personas que son elegibles.

**He recibido, leído, o me han explicado, y entiendo la información de la hoja provista de la vacuna COVID-19. Por la presente autorizo al Departamento de Correcciones de Oregon que me administre la vacuna de Refuerzo de Moderna para COVID-19, la vacuna Bivalente. El alcance de este consentimiento incluye la administración de la vacuna, discusión con un proveedor médico si se solicita, atención y tratamientos inmediatamente después de la administración según sea necesario.**

Dosis de Refuerzo de Moderna Bivalente		Recomendaciones	
Firma	Fecha	Historia de la Vacuna	Siguiente dosis
<input type="checkbox"/> yo doy consentimiento		Serie primaria	Al menos de dos meses 1 bivalente dosis
		Serie primaria + 1 refuerzo	Al menos de dos meses 1 bivalente dosis
		Serie primaria + 2 refuerzos	Al menos de dos meses 1 bivalente dosis

Yo rechazo de recibir la dosis de Refuerzo de Moderna Bivalente para COVID-19

*Luis Hernandez 12/26/2022*

Firma \_\_\_\_\_ Fecha \_\_\_\_\_  
*JHM* M. Brügger RN, BSN DEC 26 2022

Firma de Testigos del Personal (Solamente Rechazo) Fecha

Preguntas de detección médica para vacunas para adultos. Favor de contestar sí o no a las siguientes preguntas. Estas preguntas determinaran si debería recibir vacunación hoy.

Dosis de Moderna para COVID-19						
Se siente enfermo hoy?	Si	No	Mujeres: Está usted o cree que podría estar embarazada?	Si	No	
Ha sido antendido con terapia de anticuerpos para COVID-19 en los ultimos 90 días?	Si	No	Tiene usted cáncer, leucemia, VIH/SIDA, antecedentes de enfermedad autoinmune o cualquier otra condición que debilite el sistema inmune?	Si	No	
Ha tenido una reacción alérgica grave o amenazante para la vida, como ronchas, o dificultad para respirar a <u>alguna</u> vacuna o inyección?	Si	No	Toma algún medicamento que afecte su sistema inmune como esteroides, medicamentos contra el cáncer o ha tenido algún tratamiento de radiación?	Si	No	
En los ultimos 14 dias a tenido alguna vacuna? (Incluyendo la vacuna contra la gripe)	Si	No				

Debe completar el vacunador:

Moderna 0.50 ml	Dosis de Moderna de Refuerzo		
	Lot #	Exp. Date	VIS
Sitio de Administracion:	L or R deltoid (circle one) Administrator _____		

After conducting the appropriate patient safety screening for the intended vaccination(s) licensed nursing staff within the DOC are authorized to administer the following vaccinations under the prescriptive authority of the DOC Chief of Medicine, and according to approved DOC population health processes pertaining to the voluntary vaccination of: COVID-19

*LH* \_\_\_\_\_

9/7/2022

Date

DOC Chief of Medicine  
Spanish Version on other side

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969



Oregon Department of Corrections – Health Services Division  
**Adult Vaccine Consent Form Booster Dose**

**COVID-19 Moderna Bivalent Vaccine**

The DOC is offering the COVID-19 Moderna, Bivalent vaccine for all vaccine-eligible persons.

I have received, read, or had explained to me, and understand the COVID-19 vaccine information sheet provided. I hereby authorize Oregon Department of Corrections to administer a Booster Dose of the COVID-19 Moderna, Bivalent vaccine. The scope of this consent includes administration of the vaccine, discussion with a provider if requested, care and treatments immediately after administration as needed.

<b>Booster Dose Moderna Vaccine</b>		<b>Recommendations</b>		
Patient Signature	Date	<b>Vaccine History</b>	<b>Next Dose</b>	
<input type="checkbox"/> I consent		Primary Series	at least 2 months	1 bivalent dose
		Primary Series + 1 booster	at least 2 months	1 bivalent dose
		Primary series + 2 boosters	at least 2 months	1 bivalent dose

I decline the Covid-19 Booster Dose Vaccine

Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Witness Signature (Refusal Only) \_\_\_\_\_ Date \_\_\_\_\_

Medical screening questions for adult vaccines. Please answer yes/no to the following questions. These questions will be used to determine whether you should be given vaccine today.

Booster Dose Covid 19 Vaccine						
Do you feel sick today?		Yes	No	Women: Are you or do you think you might be pregnant?	Yes	No
Have you been treated with antibody therapy for COVID-19 in the past 90 days?		Yes	No	Do you have cancer, leukemia, HIV/AIDS, history of autoimmune disease or any other conditions that weakens the immune system?	Yes	No
Have you had a serious or life-threatening allergic reaction, such as hives, or difficult breathing to any vaccine or shot?		Yes	No	Do you take any medications that affect your immune system such as steroids, anticancer drugs or have you had any radiation treatments?	Yes	No
Have you had any vaccines in the past 14 days? (Including flu shot)		Yes	No			

To be completed by vaccinator:

<u>Moderna 0.50ml</u>	Booster Dose Moderna		
	Lot #	Exp. Date	VIS
	AS7166B	12/31/2069	Aug 31, 2022
Administration site:	L or R deltoid (circle one)		

After conducting the appropriate patient safety screening for the intended vaccination(s) licensed nursing staff within the DOC are authorized to administer the following vaccinations under the prescriptive authority of the DOC Chief of Medicine, and according to approved DOC population health processes pertaining to the voluntary vaccination of: COVID-19

Luis Hernandez

9/7/2022

DOC Chief of Medicine  
 Spanish Version on other side

Date

LUIS-HERNANDEZ, MODESTO  
 21941529  
 07/24/1969 3FDSB

CD# 1978

504

Departamento de Correcciones de Oregon  
NOTIFICACIÓN DE EMERGENCIA DE SERVICIOS DE SALUD

**NO QUIERO DAR INFORMACIÓN A NADIE**

Firma

Fecha

**SI QUIERO DAR INFORMACIÓN A ALGUIEN – MIRE ABAJO**

Luis Hernandez Modesto 11-30-2022  
 Firma Fecha

En caso de una investigación acerca de mi condición física o cuidado durante mi encarcelamiento, o un emergencia médica que requerir, intervención para salvar la vida o hospitalización. Yo le doy autorización a la División de Servicios de salud del Departamento de Correcciones de Oregon, para que le den la información confidencial médica a esos nombrados aquí en seguida.

- Enfermedad grave, hospitalización o cirugías
- Emergencia de salud o muerte
- Investigación con respeto de mi salud o cuidado
- La información de salud mental limitada a una visión general de servicios disponibles

*En caso de mi muerte, Yo entiendo que el Departamento de Correcciones de Oregon se pondrá en contacto con esta persona para hacer preparativos final de mi propiedad y mis restos de acuerdo con la División 27 Death (Inmate)*

Nombres y domicilios de las personas que recibirán información:

**Contacto Primario**

Lorenza de Luis  
 Nombre

Relación

Número y Calle

Ciudad, Estado y área postal

(503) 984-5755  
 Número de teléfono

Mi consentimiento puede ser revocado en cualquier momento. La única excepción es cuando la acción ya haiga ocurrido como esta dictado en este consentimiento.. A menos que no sea revocado antes, este consentimiento expirara un año desde la fecha firmada.

Firma

Fecha

Revisado: 8/2009

Nombre: <u>Luis -Hernandez, Modesto</u>
Número de Identificación: <u>21941529</u>
Fecha de nacimiento: <u>7/24/1969</u>

FAVOR DE REGRESAR ESTA FORMA A HEALTH SERVICES AL COMPLETAR. GRACIAS.

**Departamento de Correcciones de Oregon  
NOTIFICACION DE EMERGENCIA DEL SERVICIO DE  
SALUD**

**NO QUIERO DAR INFORMACIÓN A NADIE**

Luis Hernandez Modesto 11  
Firma Fecha

**SI QUIERO DAR INFORMACIÓN A ALGUIEN – MIRE ABAJO**

Luis Hernandez Modesto 11-22-22  
Firma Fecha

En caso de una investigación acerca de mi condición física o cuidado durante mi encarcelamiento, o un emergencia medica que requerir, intervención para salvar la vida o hospitalización. Yo le doy autorización a la División de Servicios de salud del Departamento de Correcciones de Oregon, para que le den la información confidencial médica a esos nombrado aquí en seguida.

- M1H Enfermedad grave, hospitalización o cirugías  
M1I Emergencia de salud o muerte  
M1P Investigación con respecto de mi salud o cuidado  
M1F La información de salud mental limitada a una visión general de servicios disponibles

Nombres y domicilios de las personas que recibirán información:

## Contacto Primario

Lorena de Luis  
Nombre

esposa  
Relación

2621  
Número y Calle

WOODBURY  
Ciudad, Estado y área postal

503-994-5759  
Número de teléfono

## Contacto Secundario

Alejandro Luis  
Nombre

i/o  
Relación

Duke St  
Número y Calle

OP 97071  
Ciudad, Estado y área postal

Mi consentimiento puede ser revocado en cualquier momento. La única excepción es cuando la acción ya haiga ocurrido como esta dictado en este consentimiento. A menos que no sea revocado antes, este consentimiento expirara un año desde la fecha firmada.

Firma Luis Herzenberg

Revisado: 12/2016

Fecha 11-22-22

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

**FAVOR DE REGRESAR ESTA FORMA A HEALTH SERVICES AL COMPLETAR. GRACIAS.**

**Oregon Department of Corrections  
HEALTH SERVICES EMERGENCY NOTIFICATION**

**I DO NOT WANT INFORMATION PROVIDED TO ANYONE**

Signature

Date

**I DO WANT INFORMATION PROVIDED - see below**

Signature

Date

In the event of an inquiry into my health condition or care during my incarceration; or a medical emergency requiring lifesaving intervention and/or hospitalization, I hereby authorize the Oregon Department of Corrections, Health Services Section to release the following confidential medical information to those listed below:

- Serious illness, planned hospitalization or surgery  
 Health emergency or death  
 Inquiry regarding my health condition and/or care  
 Mental health information limited to a general overview of services available

*In the event of my death, I understand that the Oregon Department of Corrections will contact this person to make arrangements for the final disposition of my property and my remains in accordance with Division 27 Death (Inmate).*

Names and addresses of those to receive information:

**Primary Contact**

Name

Relationship

Street address

City, State, Zip Code

Telephone Number

Signature

**Secondary Contact**

Name

Relationship

Street address

City, State, Zip Code

Telephone Number

11/22/22  
Date

Revised: 5/2016

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969



## Department of Corrections – Health Services Division

Consentimiento para vacunación de adultos

Vacuna Antigripal

He leído la declaración de información de vacunas y se me ha explicado la información sobre la vacuna que recibiré hoy.  
Entiendo los beneficios y riesgos y pido que me den la vacuna.

Luis Hernandez - Modesto  
Signature/Firma

11/22/22  
Date/Fecha

Staff Witness Signature (Refusal Only)

11/22/22  
Date

Yo doy consentimiento  Yo rechazo de recibir la 2022 – 2023 Vacuna Antigripal.

Proyecciones de preguntas médicas para vacunas para adultos. Favor de contestar sí o no a las siguientes preguntas. Estas preguntas determinaran si debería recibir vacunación hoy.

	Date/Fecha		Date/Fecha
¿Se siente enfermo hoy?	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>	¿Tiene Alergias a algún medicamento, vacuna, comida, huevos o látex?	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
¿Alguna vez ha tenido una convulsión, problema del cerebro o el sistema nervioso?	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>	¿Alguna vez ha tenido una reacción grave a una vacuna?	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
¿Tiene cáncer, leucemia, VIH/SIDS, u otro problema del sistema inmunológico?	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>	¿Tiene enfermedad cardiaca, asma, enfermedad de riñones, anemia o algún trastorno sanguíneo?	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
En el último año, ¿ha tenido una transfusión de sangre o ha recibido algún producto de sangre o globulina inmune?	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>	I En los últimos 3 meses, ¿ha tomado medicamentos como cortisona, prednisona, u otros esteroides, medicamentos anti cáncer, medicamentos antivirales, o ha tenido radiación?	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>
Para mujeres: ¿Está o piensa que quizás esté embarazada?	Yes/Si <input type="checkbox"/> No <input type="checkbox"/>	Apellido soltero de su madre.	

Vaccination Type:	Vaccination Date:	Vaccine Information			Route	Site	Information Statement		Vaccinator Name & Credentials
		Vaccine Name- Manufacturer	Lot #	Expiration Date			Date on VIS	Date given	
Influenza (Flu)		Flucelvax/ Seqirus	942392	6/24/23	IM	L R delt	8/6/2021		

After conducting the appropriate patient safety screening for the intended vaccination(s) licensed nursing staff within the DOC are authorized to administer the following vaccinations under the prescriptive authority of the DOC Chief of Medicine, and according to approved DOC population health processes pertaining to the voluntary vaccination of: Influenza (Flu)

N LUIS-HERNANDEZ, MODESTO  
S 21941529  
07/24/1969

\_\_\_\_\_  
DOC Chief of Medicine

Date: 9/7/2022



Department of Corrections – Health Services Division  
**Adult Vaccine Consent Form**  
**Influenza Vaccine**

I have read the Vaccine Information Statement (VIS) and have had explained to me the information about the vaccine I will receive today. I believe I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to me.

Signature \_\_\_\_\_

11/22/22

Staff Witness Signature (Refusal Only) \_\_\_\_\_

Date \_\_\_\_\_

I consent  I decline to receive the **2022–2023 Influenza Vaccine** immunization.

Medical screening questions for adult vaccines. Please answer yes/no to the following questions. These questions will be used to determine whether you should be given vaccine today.

		Date			Date
Do you feel sick today?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have allergies to a medication, vaccine, food, eggs or latex?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a seizure, brain or nervous system problem?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever had a serious reaction to a vaccine?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have cancer, leukemia, HIV/AIDS, or another immune system problem?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have heart disease, asthma, kidney disease, diabetes, anemia or a blood disorder?		Yes <input type="checkbox"/> No <input type="checkbox"/>
In the past year, have you had a blood transfusion or been given blood product, or immune globulin?		Yes <input type="checkbox"/> No <input type="checkbox"/>	In the past 3 months, have you taken medications such as cortisone, prednisone or other steroids, anti-cancer drugs, antiviral drugs, or had radiation treatments?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Women: Are you or do you think you might be pregnant?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Mother's maiden name.		

Vaccination Type	Vaccination Date	Vaccine Information			Route	Site	Information Statement		Vaccinator Name & Credentials
		Vaccine Name	Manufacturer	Lot #			Date on VIS	Date given	
Influenza (Flu)		Flucelvax/ Seqirus	942393	6/24/23	IM	L R delt	8/6/2021		

After conducting the appropriate patient safety screening for the intended vaccination(s) licensed nursing staff within the DOC are authorized to administer the following vaccinations under the prescriptive authority of the DOC Chief of Medicine, and according to approved DOC population health processes pertaining to the voluntary vaccination of: Influenza (Flu)

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

DOC Chief of Medicine

Date: 9/7/2022

Spanish Version on other side

CD #1857 9/7/2022

### DIVULGACIÓN DE INFORMACIÓN DE SERVICIOS DE SALUD

Información obtenida en la relación paciente/proveedor, así como la información conferida en el registro de salud del paciente es confidencial y no se pueden divulgar excepto como proporcionado por el estado y el estatuto federal, o por orden de Oregon o Corte Federal. Información dada a los proveedores de salud médica y mental de los servicios de salud es confidencial y no comparada con nadie fuera de los servicios de salud sin consentimiento por escrito con las siguientes excepciones:

Personal de servicios de salud no se dé el nombre del paciente, servicios recomendados o proporcionado, nombre del proveedor, fechas de tratamiento y un breve comentario sobre el grado de participación. Los proveedores de tratamiento también pueden hacer recomendaciones al personal no - servicios de salud sobre maneras de ayudar a pacientes con problemas de salud mental o médico sin dar detalles de diagnóstico o de medicación prescrita.

Personal de servicios de salud no puede darse cierta información de salud (por ejemplo, diagnóstico, síntomas de descompensación, factores de riesgo, etc.) si:

- Actualmente están actuando dentro del ámbito oficial de sus funciones para desarrollar y evaluar estrategias de tratamiento y planes;
- están involucrados en el desarrollo de planes de correccionales, planes de tratamiento médico, riesgo o planes de manejo de comportamiento o planes de prevención de suicidio y crisis como miembros (e.g. designados consejeros correccionales, oficiales de cubierta de salud mental, etc.) de un equipo multidisciplinario, el equipo de tratamiento, el Comité, u otro oficial;
- están involucrados en la planificación de lanzamiento; o
- divulgación es necesaria para la seguridad y la seguridad de la institución.

Información obtenida en una relación médico-paciente no es confidencial y se informará al personal no - servicios de salud y otro personal de la Agencia según sea necesario incluso sin el consentimiento escrito del paciente. Según las leyes estatales y federales, esto incluye el conocimiento de:

- peligro para sí mismo o a otros;
- abuso de un niño menor de 18 años de edad, abuso de un adulto de 65 años de edad o más o abuso de las personas que cumplen con el requisito legal de discapacidad o enfermedad mental y una víctima especificada puede ser identificado;
- personal de abuso físico o sexual de los reclusos;
- los planes de fuga o intentos;
- abuso sexual o por otro recluso.

Confidencialidad no se aplicará a la información cuando plantea una amenaza inminente a la salud y la seguridad de uno mismo, otros internos, personal, o a la comunidad. Los informes se limitarán a lo necesario para mantener la seguridad y mantenerse dentro de los parámetros legales.

Mi firma abajo indica que entiendo la política de confidencialidad y prácticas utilizadas por los proveedores de tratamiento de HS..

Comentario interno:

Inma
SID #
DOB:

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

Firma de recluso (Inmate signature)

Staff Witness Signature

*Luis Hernandez*

Date 11/22/22

Date 11/22/22



## HEALTH SERVICES INFORMATION DISCLOSURE

**Information obtained within the provider-patient relationship, as well as information contained in a patient's health care record is confidential and may not be released except as provided by state and federal statute, or by order of Oregon or Federal Court. Information given to Health Services medical and mental health providers is confidential and not shared with anyone outside of Health Services without written consent with the following exceptions:**

Non-Health services staff may be given the patient's name, services recommended or provided, provider's name, dates of treatment, and a brief comment about extent of participation. Treatment providers may also make recommendations to non-Health Services staff about ways to help patients with medical or mental health problems without giving details of diagnosis or medication prescribed.

Non-Health services staff may be given some health information (e.g. diagnosis, symptoms of decompensation, risk factors, etc.) if:

- they are currently acting within the official scope of their duties to develop or evaluate treatment strategies and plans;
- they are involved in developing correctional plans, medical treatment plans, risk or behavior management plans or suicide and crisis prevention plans as members (e.g. designated correctional counselors, mental health housing officers, etc.) of a multidisciplinary team, treatment team, committee, or other official;
- they are involved in release planning; or
- disclosure is necessary for the safety and security of the institution.

**Some information obtained in a provider-patient relationship is not confidential and will be reported to non-Health Services staff and/or other agency personnel as needed without written consent of the patient. According to State and Federal laws, this includes knowledge of:**

- danger to self or others;
- abuse of a child under 18 years of age, abuse of an adult 65 years of age or older, or abuse of individuals who meet the legal requirement of developmentally disabled or mentally ill, and a specified victim can be identified;
- staff physical or sexual abuse of inmates;
- escape plans or attempts;
- sexual abuse of or by another inmate.

**Confidentiality will not apply to information when it poses an immediate threat to the health and safety of self, other inmates, staff, or to the community. Reports will be limited to what is necessary to maintain safety and stay within legal parameters**

My signature below indicates I understand the confidentiality policy and practices used by HS treatment providers.

Inmate Comments:

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

Inmate Signature \_\_\_\_\_

Date 11/22/22

Staff Witness Signature \_\_\_\_\_

Date 11/22/22

22 November 2022

## ALERT Immunization Information System

## DOC - COFFEE CREEK CORRECTIONAL FAC

## Immunization History Report

Patient ID:	Tracking Schedule: ACIP							
Patient Name: MODESTO LUIS-HERNANDEZ								
Birth Date:	07/24/1969	Gender:	Male					
Age: 53 years, 3 months, 29 days								

Vaccine Group	Date Admin	Series	Vaccine [Trade Name]	Dose	Mfg Code	Lot #	Bod Rt.	Bod St.	Provider of Information	React
COVID-19	07/04/2021	1 of 5	COVID19 Moderna Primary 12+	Full		052C21A	IM	LA	WALMART PHARMACY 1793	
	08/27/2021	2 of 5	COVID19 Moderna Primary 12+ [COVID19 Moderna Primary 12+ ®]	Full	MOD	036C21A	IM	LA	MARION CO HEALTH DEPT	

**Reaction Descriptions:**  
No Records Found.

Patient Comments:	Start Date:	End Date:
No Records Found.		

Primary Physician:
Address:
Physician's Signature

Facility Name 068 - MARION COUNTY (068)

PAGE: 1 of 1

Month/Year

11/2022

IBUPROFEN (MOTRIN) 400MG TAB  
TAKE 2 TABS BY MOUTH 3 TIMES DAILYRX 32843726 LANCE LOBERG MD  
RN Init. M. L. START DATE 7/22/2023 STOP DATE 7/21/2023

HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

20 21 22 23 24 25 26 27 28 29

RN Init. START DATE STOP DATE

ALLERGY NO KNOWN DRUG ALLERGY

NURSE'S SIGNATURE

INITIAL

NURSE'S SIGNATURE

INITIAL

Lance LobergCLPATIENT NAME LUIS-HERNANDEZ, MODESTO  
DOB: 07/24/1969 ID 21941529 WING 315

## DOCUMENTATION CODES =

DC - Discontinued Order

R - Refused

S - Self Administered

DO - Dose Omitted

C - Court

NS - No Show

H - Medical Hold

LD - Lock Down

O - Other

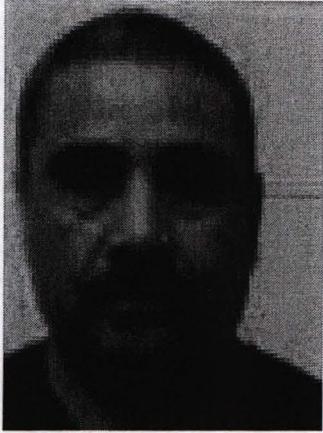
Lance Loberg Cindy Gage, RN  
 PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERSEDE PHYSICIAN ORDERS



Oregon Department of Corrections (ODOC)  
Offender Information System (OIS) Report  
Produced by ROBINSAC 05/18/2023 12:24:31 PM

**Mission:** To promote public safety by holding offenders accountable for their actions and reducing the risk of future criminal behavior

### Health Services Facesheet



**Offender: LUIS-HERNANDEZ, MODESTO**

SID: 21941529

Location: Snake River Correctional Institution  
Cell: 2G26B

Age: 53 DOB: 07/24/1969  
Sex: Male Race: Hispanic  
Height: 5' 03" Hair: Black  
Weight: 180 Eyes: Brown

Primary Language:

Secondary Language:

Classification: 3

Caseload: 11035 ESTILLORE

Inst. Admit Dt: Nov 22, 2022

Earliest Release Dt: 04/14/2032 STTL Date:

Medical Communication (Y/N): Y Keep At Current Location (Y/N): N Suicide History: N

MH Rate: - DD Rate: BHS LOF: MH Case Mgr:

#### Health Status Comments:

Category	Comment text
Light Duty Work	No push/pull/lift>20# exp 1/27/2024

#### Major Diagnoses

Code	Condition	Comment	Diagnosed	Last Seen	Next Appt
BICVNO	Bivalent Covid Booster -OptOut		Dec 26, 2022		
BMI	Calculated Body Mass Index	31%			
COVID1	Moderna Vaccine Dose #1		Jul 04, 2021		
COVID2	Moderna Vaccine Dose #2		Aug 27, 2021		
DIAB	Diabetes	PRE-A1C6.2	Jan 27, 2023		
OBESE	Obesity				
OPTOUT	FLU VACCINE OPT-OUT		Nov 22, 2022		
REP	Surgical repair	L shoulder inj/repair		Jan 27, 2023	
REP	Surgical repair	L-Shoulder 7/22			
VULAIC	Vulnerable AIC				

#### Mental Health Diagnoses

Code	Description	Acuity	Rx	Severity	Discontinued Date



Oregon Department of Corrections (ODOC)  
 Offender Information System (OIS) Report  
 Produced by ROBINSAC 05/18/2023 12:24:31 PM

**Mission:** To promote public safety  
 by holding offenders accountable  
 for their actions and reducing the  
 risk of future criminal behavior

## Restrictions

Category/Description	Comment text	Effective Until
Housing Requirements		
Lower Bunk		Jan 27, 2024
Special Needs		
Non-English Speaking	SPANISH	Nov 22, 2042
Light Duty Work		
Full light work	SEE ABOVE	Jan 27, 2024

## Outside Appointments

Requested Appt	Date Requested	Disposition	Appt Date/Time

## Medications:

Drug	Dose	Sig	Start Date	End Date

# OREGON DEPARTMENT OF CORRECTIONS

## Problem List

SS# \_\_\_\_\_

SSI \_\_\_\_\_

Date Received	Date Paroled	Date Received	Date Paroled

## Health Insurance

## Veteran

SAIEAWC

Open \_\_\_\_\_  
Closed \_\_\_\_\_

### **Immunizations:**

## Tetanus

**MMR** \_\_\_\_\_

## Polio

Allergies/Sensitivities None

## Photo

Na LUIS-HERNANDEZ, MODESTO  
SI 21941529  
DC 07/24/1969

SYSTEM	+HISTORY	EXAMINATION
VIII. Hernia	Concuss	pt denies hernia
IX. GU (Male) penis testes/scrotum	pt	Defined Dense 150g
X. Rectum	pt	LI
XI. GU (Female) BSU/external cervix uterus adnexa		
XII. Nervous System	pt	CN II XII intact
XIII. Orthopedic	L knee tendinitis L shoulder rotator cuff repair	some pain & limited ROM
XIV. Mental Status	pt	AOK NPO pleasant
		Intradermal PPD test Slouch Spine

ASSESSMENT

1. Write major diagnoses/problems on Problem List.

PLAN

1. Write necessary follow-up on Order Sheet.  
2. Write brief SOAP note in Progress Notes.

PATIENT TEACHING COMPLETED DURING EXAMINATION

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Medications                  | <input checked="" type="checkbox"/> Diet/Exercise | <input checked="" type="checkbox"/> Self Testicular Exam |
| <input checked="" type="checkbox"/> Weight Reduction  | <input checked="" type="checkbox"/> Back Care     | <input type="checkbox"/> Self Breast Exam                |
| <input type="checkbox"/> Communicable Disease Control |   | <input type="checkbox"/> Smoking Cessation               |

Instructions/Comments pt deny knee & shoulder

Signature of Practitioner

Date 1/18/23

Nar
SII
DC

LUIS-HERNANDEZ, MODESTO  
21941529  
07/24/1969

## OREGON DEPARTMENT OF CORRECTIONS

**PHYSICAL EXAMINATION**DISTANT VISION       With       Without Glasses      R 20/20      L 20/20HEARING       Adequate       Not Adequate      (Spoken voice at 20 feet)**SUBJECTIVE**CURRENT COMPLAINT: aching L knee & L shoulder pain**OBJECTIVE**

Make pertinent comments regarding positive findings, correlate with positive history when indicated. WNL indicates that the examiner found no clinical evidence of disease or other health condition.

SYSTEM	+HISTORY	EXAMINATION
I. Integument scars scalp hair skin nails	&	unremarkable wnl intact
II. HEENT head eyes ears nose throat/mouth	&	wnl
III. Lymph Nodes	&	& lymphadenopathy
IV. Breasts		&
V. Lungs/Chest		CTAB
VI. Cardiac/Circ.		CVL/PUL NORMS SI/SZ
VII. Abdomen	Some pain in abdomen	M. 12 Abd Pain LLQ BI ASPIR

 Male     FemaleHeight 5'3" Weight 191  
Pulse 88/67 B/P 112/74  
Temp 97.8

R	LUIS-HERNANDEZ, MODESTO
S	21941529
D	07/24/1969

LEVEL OF CONSCIOUSNESS	MENTAL STATUS	BEHAVIOR	APPEARANCE	SKIN CONDITION
<input checked="" type="checkbox"/> Alert	<input checked="" type="checkbox"/> Oriented A/Ox3	<input checked="" type="checkbox"/> Cooperative	<input checked="" type="checkbox"/> Relaxed	<input checked="" type="checkbox"/> Unremarkable
<input type="checkbox"/> Confused	<input type="checkbox"/> Normal Affect	<input type="checkbox"/> Passive	<input type="checkbox"/> Clean/Neat	<input type="checkbox"/> Bruises
<input type="checkbox"/> Agitated	<input type="checkbox"/> Flat Affect	<input type="checkbox"/> Evasive	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Breaks in Skin
<b>Ease of Movement</b>	<input type="checkbox"/> Elated	<input type="checkbox"/> Demanding	<input type="checkbox"/> Dirty	<input type="checkbox"/> Rash
<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Fearful	<input type="checkbox"/> Angry	<input type="checkbox"/> Body Odor	<input type="checkbox"/> Diaphoretic
<input type="checkbox"/> Limp	<input type="checkbox"/> Hyper vigilant	<input type="checkbox"/> Threatening	<input type="checkbox"/> Tremulous	<input type="checkbox"/> Infestation
<input type="checkbox"/> Staggering	<input type="checkbox"/> Hallucinating	<input type="checkbox"/> Combative	<input type="checkbox"/> Body Deformity	<input type="checkbox"/> Needle Marks
<input type="checkbox"/> Other _____	<input type="checkbox"/> Delusional	<input type="checkbox"/> Appears in Pain	<input type="checkbox"/> Prosthetics	<input type="checkbox"/> Lesions
<b>Breathing</b>	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Poor eye contact	<input type="checkbox"/> Poor Dentition	<input type="checkbox"/> Other _____
<input type="checkbox"/> Persistent cough		<input type="checkbox"/> Uncooperative		
<input type="checkbox"/> Hyperventilation				

1. Do you have any current illness, injury, or special health requirements? Yes  No   
 Explain: hx slip and fall injury while in jail- I leg/knee and I arm injury/dislocation- 10/2021-asked for PT but didn't receive, continued back pain and mobility issues

2. Dental Screening completed Yes  No  Follow up: Routine  Urgent  Emergent

3. Are you currently on medications? Yes  No   
 Medications: \_\_\_\_\_

4. Do you have or have you had any communicable diseases? Yes  No   
 Explain: \_\_\_\_\_

5. Alcohol and drug use: Yes  No   
 Alcohol: Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Last Use: 16-17mo ago

Tobacco Type: How much? denies How Many Years? \_\_\_\_\_

Drugs:	Type	1 <sup>st</sup> Use	Last Used	Duration	Mode
<u>denies</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. Have you had serious withdrawal symptoms (seizures, DT's) after stopping drugs or alcohol? Yes  No   
 Explain: \_\_\_\_\_

7. ALLERGIES: NKDA  
 Reactions: \_\_\_\_\_

#### MENTAL HEALTH

1. Have you ever been treated for mental health or emotional problems? Yes  No   
 If yes, when, why, & where? \_\_\_\_\_

2. Are you currently on mental health medications? Yes  No   
 Medications: \_\_\_\_\_

3. Have you been a mental health or suicide risk during incarceration at a DOC facility? Yes  No   
 If yes, explain? \_\_\_\_\_

4. Have you ever been hospitalized for mental illness? Yes  No   
 If yes, where and how long? \_\_\_\_\_

5. Have you ever attempted/considered suicide? Yes  No   
 If yes, when, why, & how? \_\_\_\_\_

#### SUICIDE RISK ASSESSMENT

6. Are you thinking of hurting and/or killing yourself now? Yes  No

7. Is the patient currently on any level of suicide precautions? Yes  No

Luis-Hernandez,  
Modesto  
21941529  
07/24/1969

**FEMALE INMATE**

	Yes	No	Comments	
a. PID	<input type="checkbox"/>	<input type="checkbox"/>	_____	Are you pregnant now? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>
b. Lumps in Breast	<input type="checkbox"/>	<input type="checkbox"/>	_____	If female patient reports current opiate use above (#3 or #5) pregnancy test will be immediately offered and scheduled.
c. Menopausal	<input type="checkbox"/>	<input type="checkbox"/>	_____	
d. Gyn Surgery	Date: _____		_____	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
i. Tubal	_____		_____	
ii. Hyst/Why?	_____		_____	
iii. Pan Hyst/Why?	_____		_____	
iv. C Sect	_____		_____	
Pregnancy History				
a. Gravida/#pregnancies	_____		_____	
b. Para/# of births	_____		_____	
c. SAB/miscarriages	_____		_____	
d. TAB/abortions	_____		_____	
e. LMP	_____		_____	
Birth Control Method:	_____			

**MEDICAL HISTORY**

Check appropriate response. Explain all "yes" answers briefly; e.g. date of occurrence or diagnosis, type and length of treatment or prescriptions.

	YES	NO	COMMENT
1. Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
2. Eczema/Skin Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
3. Eye disease/Blindness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
4. Thyroid Trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
5. Heart Trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
6. High Blood Pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
7. Emphysema/Asthma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
8. Stomach Trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
9. Hepatitis/Liver Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
10. Gall Bladder Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
11. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
12. Kidney/Bladder Problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
13. Prostate Trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
14. Rectal Bleeding/Hemorrhoids	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
15. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
16. Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
17. Blood Disorder	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
18. HIV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
19. STD's	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

**TRAUMA/ORTHOPEDIC/HOSPITALIZATION**  
**(Significant Only)**

Injuries:I arm and I leg injury 10/2021

Surgeries:I arm repair 2022

Hospitalization:no

**IMMUNIZATION HISTORY**

Enter date received or N/A

MMR<sub>childhood</sub> \_\_\_\_\_ Tetanus \_\_\_\_\_ Pneumovax \_\_\_\_\_ Hep A \_\_\_\_\_ Hep B \_\_\_\_\_ Twinrix \_\_\_\_\_

Luis-Hernandez,  
Modesto  
21941529  
07/24/1969

**FAMILY HISTORY**

Are any or your relative known to have:

	YES	NO	COMMENTS
1. Arthritis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
2. Allergies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
3. Anemia	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
4. Bleeding Tendencies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
5. Cancer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
6. Diabetes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
7. Epilepsy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
8. Heart Trouble	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
9. Hypertension	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
10. Mental Illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—
11. Other Inherited Disease	<input type="checkbox"/>	<input checked="" type="checkbox"/>	—

**ADDITIONAL INFORMATION**

Is there anything else about your health history/status that we should be aware of?

Yes  No 

If yes, explain \_\_\_\_\_

\*\*\*\*\*

**DISPOSITION****Behavior Health Services Referral**

If answer yes to either question (#6, #7) in the suicide section above; inmate will be immediately referred to a mental health provider:

Who did you contact? \_\_\_\_\_ What time? \_\_\_\_\_

If no mental health treatment provider is on-site a suicide risk screening assessment will be completed by a licensed health care professional.

Other Referral: Yes  Medical  Dental  BHS (other than above)  \_\_\_\_\_

Who did you contact? \_\_\_\_\_ What time? \_\_\_\_\_

Comments related to referral: \_\_\_\_\_

Instructed in accessing health care? Yes  No  If no, why? \_\_\_\_\_Date /Time Screened: 11/22/2022 1703 N Hartshorn, RN

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Inmate Signature)

Signature: \_\_\_\_\_ Date: 11/22/22

(Interviewer Signature)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Practitioner Signature)

Luis-Hernandez,  
Modesto  
21941529  
07/24/1969



RECEIVED AUG 04 2023

July 27, 2023

TO: Orthopedics of Oregon  
c/o Medical Records  
1600 State St  
Salem, OR 97301

From: Modesto Luis-Hernandez  
SID# 21941529  
SRCI  
777 Stanton Blvd.  
Ontario, OR 97914

RE:

Dear/To whom it may concern,

I am requesting a copy of all medical records pertaining to all of my visits to your facility from around September 2021 until around August 2022. I am requesting this information for my previous surgeries and any medical care provided, including any additional notes taken or recorded by my attending medical care providers at the time.

My information is as follows:

Name: Modesto Luis-Hernandez

DOB: 7-24-1969

Respectfully, Luis Hernandez Modesto

cc. Willamette Surgery Center  
c/o Medical Records  
P.O. Box 13730  
Salem, OR 97309

Modesto Luis-Hernandez  
SID# 21941529  
SRCI  
777 Stanton Blvd.  
Ontario, OR 97914

AUG 07 2023

**MARION COUNTY JAIL**  
**HEALTH SERVICES**

ES-124

**MEDICAL REQUEST FORM**

NAME: Luis Hernandez Modesto SID#: 21941929  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Número de Identificación)  
 Location: POD: D1 Cell: 201 Date of Birth: 01-24-69 Today's Date: 10-15-2021  
 (Ubicación) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list:

(Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: Chado estaba Trabajando

(Describa su problema de salud)

aFuera me lastimó el pie izquierdo

y mi doctor me dijo que bajeza 2 años  
yada caminarme para subir las

escaleras medula su pie y bajap

How long have you had this problem?

(Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir exámenes médicos, tratamiento psiquiátrico o dental por parte del personal de salud de la cárcel. Yo entiendo que la cárcel puede cobrarme por algunos de estos servicios médicos y deducirlos de mi cuenta, durante la presente o futuras estancias en la cárcel. Yo puedo recibir cuidado médico incluso si no pudiera pagar.)

Signature: Modesto L A

(Firma)

If you have an emergency, tell the jail staff right away!

(Si usted tiene una emergencia médica avise a los oficiales pronto!)

Received By Alpha #:

279

Date: 10/15/21

Time: 1753

**Health Services Nursing note/plan**

Date: 10-19-21

Que servicio quiere que

le otorguemos?

What are you asking for?

RN's or MH Initials:

GB

Juliet #:

EG-124

**MARION COUNTY JAIL**

## HEALTH SERVICES

**MEDICAL REQUEST FORM**

NAME: Luis Hernandez / testo SID#: 21941529

Last (Apellido) First (Nombre) M.I. (Inicial) (Número de Identificación)

Location: POD: 5 Cell: 12 Date of Birth: 07-24-69 Today's Date: 10-19-21  
(Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: no

(Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: me caí estaba limpando una celda  
(Describa su problema de salud) y me fui a medirle la cadera del  
Pie izquierdo y no pude sentarme ni ducharme  
así a bajo por eso quiero que me lleve al  
OSPITAL para que me hagan la radiografía  
porque necesito saber que tipo de dolor  
los dedos muy fuerte o bien feo.How long have you had this problem? Doy en necesario ir al hospital  
(Por cuanto tiempo ha tenido este problema?)This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I  
understand that the jail may charge me for some of these services and deduct it from my account during  
the current or future stays in jail. I will get necessary health care even if I am unable to pay.(Este documento representa mi permiso para recibir examenes medicos, tratamiento psiquiatrico o dental por  
parte del personal de salud de la carcel. Yo entiendo que la carcel puede cobrarme por algunos de estos  
servicios medicos y deducirlos de mi cuenta, durante la presente o futuras estadías en la carcel. Yo puedo  
recibir cuidado medico incluso si no pudiera pagar.)

Signature: Luis Hernandez

(Firma)

If you have an emergency, tell the jail staff right away!

(Si usted tiene una emergencia medica avise a los oficiales pronto!)

Received By Alpha #: 21941529 Date: 10/19/21 Time: 18:59

## Health Services Nursing note/plan

Date: 10/19/21 Nurse: 10/19/21 and

the doctor list for Friday

RN's or MH Initials: TLLT

Juliet #: 840

**MARION COUNTY JAIL**

HEALTH SERVICES

**MEDICAL REQUEST FORM**

NAME: Modesto Luis Hernandez SID#: 21941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) Numero de Identificacion  
 Location: POD: E5 Cell: 124 Date of Birth: 07-24-60 Today's Date: 10-23-21  
 (Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: 97056  
 (Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: las medicina que me estan  
 (Describa su problema de salud)

dando me estan causado daño yo no  
los quiero tomar por eso no como componeado  
des porcio y mi plastron ya esta con liquido  
mejor la medicina que se sube salvo  
la presio y dolor de cabeza y

How long have you had this problem? me lastane la bista gracia  
 (Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir examenes medicos, tratamiento psiquiatrico o dental por parte del personal de salud de la carcel. Yo entiendo que la carcel puede cobrarme por algunos de estos servicios medicos y deducirlos de mi cuenta, durante la presente o futuras estadias en la carcel. Yo puedo recibir cuidado medico incluso si no pudiera pagar.)

Signature: Modesto Luis Hernandez  
 (Firma)

If you have an emergency, tell the jail staff right away!  
 (Si usted tiene una emergencia medica avise a los oficiales pronto!)

Received By Alpha #: 296 Date: 10/23/21 Time: 2152

**Health Services Nursing note/plan**

Date: \_\_\_\_\_

placed on sick call list

RN's or MH Initials: u Juliet #: 826

10-25-21 1510

ES-174

**MARION COUNTY JAIL****HEALTH SERVICES****MEDICAL REQUEST FORM**NAME: Luis Hernandez Modesto SID#: 21941529

Last (Apellido)

First (Nombre)

M.I. (Inicial)

(Número de Identificación)

Location: POD: E-5 Cell: 124 Date of Birth: 07-24-69 Today's Date: 10/27/2021  
(Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)Do you have any allergies to medications? If yes, list: NO.

(Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: I was taking the medication that was prescribed to me after my accident, but the medication gave me some negative side-effects that I couldn't stomach. So, I decided to not take those pills, with the exception of the high blood pressure pill.  
(Describa su problema de salud)I want to continue taking the high blood pressure medication, but if I'm not getting better after a week, I want to be taken to the local hospital for a more comprehensive medical exam. I am very willing to pay for all my medical costs. So, I am taking the high blood pressure medication because the Nurse took my pressure and said that.  
How long have you had this problem? - I needed to continue taking the pill for high blood pressure.  
(Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir examenes medicos, tratamiento psiquiatrico o dental por parte del personal de salud de la carcel. Yo entiendo que la carcel puede cobrarme por algunos de estos servicios medicos y deducirlos de mi cuenta, durante la presente o futuras estadias en la carcel. Yo puedo recibir cuidado medico incluso si no pudiera pagar.)

Signature: Luis Hernandez Modesto  
(Firma)If you have an emergency, tell the jail staff right away!  
(Si usted tiene una emergencia medica avise a los oficiales pronto!)

Received By Alpha #:

A230

Date:

10/21/21

Time:

1650**Health Services Nursing note/plan**Date: 10/17/21 on sick call list to discuss issue

RN's or MH Initials:

16Juliet #: 805

**MARION COUNTY JAIL**

## HEALTH SERVICES

Luis-

**MEDICAL REQUEST FORM**NAME: Hernandez Modesto LuisSID#: 21941529

Last (Apellido)

First (Nombre)

M.I. (Inicial)

(Número de Identificación)

Location: POD: C8Cell: 107Date of Birth: 07-24-69Today's Date: 05-03-22

(Ubicacion)

(Selda)

(Fecha de Nacimiento)

(Fecha de hoy)

Do you have any allergies to medications? If yes, list: NO

(Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem:

(Describa su problema de salud) Trying to get bottom PUNK  
been INJUREd because they have me  
ON the top PUNK right now and they  
Its hard for me to climb up due to  
my knee.  
Hope Orthopedics clinic

How long have you had this problem? 8 months

(Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir examenes medicos, tratamiento psiquiatrico o dental por parte del personal de salud de la carcel. Yo entiendo que la carcel puede cobrarme por algunos de estos servicios medicos y deducirlos de mi cuenta, durante la presente o futuras estadias en la carcel. Yo puedo recibir cuidado medico incluso si no pudiera pagar.)

Signature: Luis Hernandez Modesto  
(Firma)

If you have an emergency, tell the jail staff right away!  
(Si usted tiene una emergencia medica avise a los oficiales pronto!)

Received By Alpha #: 213 Date: 6-3-22 Time: 1011**Health Services Nursing note/plan**Date: 06/04/2027, 0100

Placed on the doctor's list for review.

RN's or MH Initials: M.M Juliet #: 805

**MARION COUNTY JAIL**  
HEALTH SERVICES

Luis-Hernandez MEDICAL REQUEST FORM

NAME: Hernandez Luis SID#: 21941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Numero de Identificacion)  
 Location: POD: C8 Cell: 106 Date of Birth 07-24-69 Today's Date: 7-5-2022  
 (Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: Not for this  
 (Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: I would like to know what's going on with the process of the operation on my left arm it has been hurting severely I am in a lot of pain. I was told by the surgeon that it was up to the jail to set up the appointment for my left arm surgery. So I would like to know when is that surgery going to be. Because when I am in a cold place my arm hurts very much this I have been noticing

How long have you had this problem? 10/19/2022  
 (Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir examenes medicos, tratamiento psiquiatrico o dental por parte del personal de salud de la carcel. Yo entiendo que la carcel puede cobrarme por algunos de estos servicios medicos y deducirlos de mi cuenta, durante la presente o futuras estadias en la carcel. Yo puedo recibir cuidado medico incluso si no pudiera pagar.)

Signature: Modesto J H (Firma)

If you have an emergency, tell the jail staff right away!  
 (Si usted tiene una emergencia medica avise a los oficiales pronto!)

Received By Alpha #: Pterson Date: 07/05/22 Time: 2210

**Health Services Nursing note/plan**

Date: \_\_\_\_\_

Placed on sick call list

RN's or MH Initials: \_\_\_\_\_ Juliet #: 26

7-5-22 1555

C3 102

**MARION COUNTY JAIL****HEALTH SERVICES****MEDICAL REQUEST FORM**

NAME: Luis Hernandez Modesto SID#: 21941529

Last (Apellido) First (Nombre) M.I. (Inicial) Número de Identificación

Location: POD: C3 Cell: 102 Date of Birth: 07-24-69 Today's Date: 07/26/22  
 (Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: NO  
 (Tiene alergias a algunos medicamentos?) Por favor diga a cuáles

Tell us about your health problem:  
 (Describa su problema de salud)  
 I think I got a allergic reactions to my medication because I got pimples in my stomach AND I feel a burning sensation on my eyes.  
 If somebody can please see me.  
 Please and thank you

How long have you had this problem? 2 days  
 (Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir examenes medicos, tratamiento psiquiatrico o dental por parte del personal de salud de la carcel. Yo entiendo que la carcel puede cobrarme por algunos de estos servicios medicos y deducirlos de mi cuenta, durante la presente o futuras estadias en la carcel. Yo puedo recibir cuidado medico incluso si no pudiera pagar.

Signature: Luis Hernandez Modesto L.H.  
 (Firma)

If you have an emergency, tell the jail staff right away!  
 (Si usted tiene una emergencia medica avise a los oficiales pronto!)

Received By Alpha #: A211 BOSSH Date: 07/26/2022 Time: 1020

**Health Services Nursing note/plan**

Date: 7-27-22

① Your dressing was changed.  
 ② Rash was observed.

RN's or MH Initials: 12 Juliet #: 12

3-107

**MARION COUNTY JAIL**

## HEALTH SERVICES

**MEDICAL REQUEST FORM**

NAME: Luis Hernandez Modesto

SID#: 21941529

Last (Apellido)

First (Nombre)

M.I. (Inicial)

(Numero de Identificacion)

Location: POD: C5  
(Ubicacion)Cell: 102  
(Selda)Date of Birth: 07-20-69  
(Fecha de Nacimiento)Today's Date: 08-31-2022  
(Fecha de hoy)

Do you have any allergies to medications? If yes, list: N/A

(Tiene alergias a algunos medicamentos?) Por favor diga a cuales

Tell us about your health problem: Pues niven nada mas quiero darles  
 (Describa su problema de salud) de. Sabes. que. porque. estan poniendo.  
 el. cobro. de. la. medicina. en. mi. cuenta. cuando. ya.  
 Saben que. si estoy. tomando. esas. medicinas. es. por. el. la-  
 orden. del. sistema. el. que. me. pongo. en. mi. ontop. Y.  
 Yo. no. se. Posiblemente. quise. que. yo. lo. pague. cuando. La.  
 carcel. Tiene. que. pagar. todo. estos. gastos. o. cobros.  
 por. que. el. accidente. Pago. cuando. Yo. estaba.

How long have you had this problem? trabajando. pasa la. casset. o. Pasa.  
 (Por cuanto tiempo ha tenido este problema?) Ustedes. necesito. abla. corral. al. q.  
 sobre. estos. Problemas.

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir examenes medicos, tratamiento psiquiatrico o dental por parte del personal de salud de la carcel. Yo entiendo que la carcel puede cobrarme por algunos de estos servicios medicos y deducirlos de mi cuenta, durante la presente o futuras estadias en la carcel. Yo puedo recibir cuidado medico incluso si no pudiera pagar.

Signature: Luis Hernandez Modesto  
 (Firma)

If you have an emergency, tell the jail staff right away!  
 (Si usted tiene una emergencia medica avise a los oficiales pronto!)

Received By Alpha #: A105 Date: 08/31/2022 Time: 1915

**Health Services Nursing note/plan**

Date: \_\_\_\_\_

placed on sick  
 call 115

RN's or MH Initials: \_\_\_\_\_ ~ Juliet #: J26

9-1-22 1610

**MARION COUNTY JAIL**  
**HEALTH SERVICES**

3-107

**MEDICAL REQUEST FORM**

NAME: Hernandez Modesto Luis SID#: 21941529  
 Last (Apellido) First (Nombre) M.I. (Inicial) (Numero de Identificacion)  
 Location: POD: C3 Cell: 102 Date of Birth: 7 -24 -69 Today's Date: 8-31-22  
 (Ubicacion) (Selda) (Fecha de Nacimiento) (Fecha de hoy)

Do you have any allergies to medications? If yes, list: N/A  
 (Tiene alergias a algunos medicamentos?) Por favor diga a cuales  
 Tell us about your health problem: I temporarily need an extra to do several of  
 (Describa su problema de salud) the excercises - physical therapy for my  
 shoulder. They want me to put my hand on the wall and rub with  
 applying pressure, my hand up the wall and down the wall. The wall is very dirty  
 and also have to kneel on the floor to do some excercises.

Please and Thank You. Just until my physical Therapy is finished.

How long have you had this problem? \_\_\_\_\_  
 (Por cuanto tiempo ha tenido este problema?)

This is my permission to get psychiatric, medical or dental exams and treatment from jail staff. I understand that the jail may charge me for some of these services and deduct it from my account during the current or future stays in jail. I will get necessary health care even if I am unable to pay.

(Este documento representa mi permiso para recibir examenes medicos, tratamiento psiquiatrico o dental por parte del personal de salud de la carcel. Yo entiendo que la carcel puede cobrarme por algunos de estos servicios medicos y deducirlos de mi cuenta, durante la presente o futuras estadias en la carcel. Yo puedo recibir cuidado medico incluso si no pudiera pagar.)

Signature: Luis Hernandez Modesto  
 (Firma)

If you have an emergency, tell the jail staff right away!  
 (Si usted tiene una emergencia medica avise a los oficiales pronto!)

Received By Alpha #: A26 Date: 08-31-22 Time: 0957

**Health Services Nursing note/plan**

Date: \_\_\_\_\_

placed on sick call list

RN's or MH Initials: \_\_\_\_\_ Juliet #: 26

9-1-22 1611

Billing: 503-566-3507  
 PO Box 13730  
 Salem, OR 97309

Pay online at:  
[WillametteSurgeryCenter.com](http://WillametteSurgeryCenter.com)



**WILLAMETTE  
SURGERY CENTER**

MODESTO LUIS HERNANDEZ  
 4000 AUMSVILLE HWY SE  
 Salem, OR 97317

## STATEMENT

**Patient Name:** MODESTO LUIS HERNANDEZ  
**Insurance Carrier:** Marion County Sheriffs Office  
**Subscriber ID:** 21941529  
**Group #:**

**MRN:** 400776  
**Statement Date:** 08/12/2022  
**Pay This Amount:** \$14,647.50  
**Due Date:**

Date	Description	Charges	Adjustments	Balance
07/19/2022	29827; SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR	\$12,266.00		\$8,586.20
07/19/2022	Write Off- Insurance Contract		-\$3,679.80	
07/19/2022	29828; SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS	\$8,659.00		\$6,061.30
07/19/2022	Write Off- Insurance Contract		-\$2,597.70	

Current	31 Days	61 Days	91 Days	121+ Days	Please Pay
\$14,647.50	\$0.00	\$0.00	\$0.00	\$0.00	\$14,647.50

Payment due upon receipt. Pay online at [WillametteSurgeryCenter.com](http://WillametteSurgeryCenter.com).

**MARION COUNTY SHERIFFS OFFICE****Inmate Note Details**

Inmate Name                    Inmate ID                    Booking Number  
**LUIS-HERNANDEZ, MODESTO**                    **651660**                    **21003298**

<b>INMATE NOTE DETAILS</b>			
DATE	CODE - DESCRIPTION		
<b>10/23/2021 00:12</b>	<b>MED EQUIP - MEDICAL EQUIPMENT IN CELL</b>		
SUB CODE - DESCRIPTION	<b>SHOES - DECK/PERSONAL SHOES ISSUED</b>		
COMMENTS	<b>DECK SHOES</b>		
ENTERED DATE	ENTERED BY	UPDATED DATE	UPDATED BY
<b>10/23/2021 00:13</b>	<b>7081 - DEOLUS, ANTHONY</b>		

**Inmate Note Details**

Inmate Name                            Inmate ID                            Booking Number  
**LUIS-HERNANDEZ, MODESTO**                            **651660**                            **21003298**

<b>INMATE NOTE DETAILS</b>			
DATE	CODE - DESCRIPTION		
<b>10/23/2021 00:13</b>	<b>MED EQUIP - MEDICAL EQUIPMENT IN CELL</b>		
SUB CODE - DESCRIPTION			
<b>SOCKS - SOCKS ISSUED</b>			
COMMENTS			
<b>BLUE MEDICAL SOCKS</b>			
ENTERED DATE	ENTERED BY	UPDATED DATE	UPDATED BY
<b>10/23/2021 00:13</b>	<b>7081 - DEOLUS, ANTHONY</b>		



# MARION COUNTY SHERIFF'S OFFICE

JOE KAST, SHERIFF

February 8, 2022

Modesto Luis-Hernandez  
SID # 21941529  
Marion County Jail  
C7-104

Re: Grievance Appeal

Dear Mr. Luis-Hernandez:

I have received your request for an appeal on your grievance dated 01/26/2022, grievance number 002862. In the grievance you state you slipped and fell causing you injury. You state you were seen by the facility doctor, but need to see a hospital doctor.

10/19/2021 - you fell and submitted a kytic

10/19/2021 - you were seen by the doctor, given medication, placed on lower tier/lower bunk status, and taken off work.

10/22/2021 - you were seen by the FNP, given medication and shoes and socks.

01/21/2022 - you were seen by the doctor and given shoulder exercises.

01/28/2022 - you were seen by the doctor, consult was ordered for further evaluation.

Based on the above information, you were seen on the date of injury and now have an outside consult scheduled. If you have any other medical needs or concerns, please notify medical.

Sincerely,

Tad Larson  
Commander  
Marion County Jail



MARION COUNTY SHERIFF'S OFFICE  
JOE KAST, SHERIFF

FAX COVER SHEET

To: Scheduling

From: Deputy John Gelatt

Agency: HOPE Orthopedic

Agency: Jail/Medical Unit

Fax Number: 503-540-6404

Fax Number: (503)588-6819

Phone Number: 503-540-6300

Phone Number: (503)588-8528

Date: 03-02-2022

Number of Pages: 2

(Including cover sheet)

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**MESSAGE:**

**Modesto Luis-Hernandez (07-24-1969 currently resides at the Marion County Jail. He has been seen by the jail doctor, Dr. Lance Loberg. Our doctor would like this patient to be seen for MRI and arthrogram of left shoulder and MRI of the left hamstring and any follow-up care.**

**Please make arrangements ASAP for scheduling by contacting:**

**Deputy J. Gelatt at 5035886815**

Marion County Sheriff's Office, Jail Division 4000 Aumsville Highway S.E. Salem, OR 97317  
503.588.8528 - 503.588.6819 (Fax)  
"To whom much is entrusted, much is expected."

03/02/2022 WED 17:30 FAX

002/002

PLEASE WRITE FIRMLY USE BLACK BALL POINT PEN

## MARION COUNTY JAIL - PHYSICIAN'S ORDERS

Date: 1/21/22 Time: 845 Name: Luis Hernandez, Modesto 1

~~(1)~~ off work  
 1/21/22 845 Luis Hernandez, Modesto

CS-102

L Hernandez

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: 1/21/22 Time: 840 Name: CS-105 2

① Consult HPE ortho. fell 14/11 while working  
 in jail = glb contusion problems since fall  
 with R arm/shoulder, + left leg -  
 please evaluate

1/21/22 840 Luis Hernandez

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: 1/25/22 Time: 705 Name: 3

- ① L shoulder MRI & arthrogram at HPE ortho  
 and
- ② MRI of L hamstring at HPE ortho
- ③ HPE ortho flu after MRI's

L Hernandez

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: Time: Name: 4

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Patient Name Luis Hernandez, Modesto Physician Dr. Loberg  
 Allergies NKDA

1/15DM



MARION COUNTY SHERIFF'S OFFICE

JOE CASTAÑEDA SHERIFF

**FAX COVER SHEET**

To: \_\_\_\_\_

Agency: HOPE ORTHO

Fax Number: 503-540-6404

Phone Number: \_\_\_\_\_

Date: 02/08/2022

From: DEPUTY JOHN GELATT

Agency: MARION COUNTY SHERIFFS OFFICE

Fax Number: 503-588-6819

Phone Number: 503-588-6815

Email: JGELATT@CO.MARION.OR.US

Number of Pages: \_\_\_\_\_  
(Including cover sheet)

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Special Instructions:

LUIS-HERNANDEZ, MODESTO DOB: 07/24/1969 SID: 21941529

This subject is a AIC at the Marion County Jail , Or Dr. Lance Loberg is requesting a consult for rt arm rt shoulder lt leg pain

Please contact me to set a appointment time and date.

Thank you Deputy John Gelatt 503-588-6815

Rev. 6/19

Marion County Courthouse • 100 High Street NE / PO Box 14500, Salem, OR 97309

503.588.5094 • 503.588.7931 (fax) • [www.co.marion.or.us/sa](http://www.co.marion.or.us/sa)

"To whom much is entrusted, much is expected."



Marion County Jail  
Health Services Unit  
4000 Aumsville Hwy. S.E., Salem, Oregon 97317  
Phone (503)588-8528 Fax (503)588-6819

DATE 2-2-22

### OUTSIDE CONSULT REQUISITION

#### PATIENT INFO

Name Luis Hernandez, Modesto

SID 2941529 DOB 7-24-69

Allergies NKA

MRD \_\_\_\_\_

#### REFERRAL INFO

Doctor's Name \_\_\_\_\_

Clinic Name Hope Center

Date/Time of Appt \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Directions \_\_\_\_\_

Reason For Consult Fall 10/21 - Complained  
of shoulder, neck, & back pain.

Special Instructions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Completed \_\_\_\_\_

PLEASE WRITE FIRMLY USE BLACK BALL POINT PEN

**MARION COUNTY JAIL - PHYSICIAN'S ORDERS**

Date: 1/21/22 Time: 845 Name: Luis-Hernandez, Modesto 1

(1) off work  
2/25/2022

ES-102

L Lobberg M

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: 1/25/2022 Time: 640 Name: CS/105 2

(1) consult HME wrkr. full w/1 while working  
in jail - go continued problems since last  
with arm/shoulder, + left leg -  
please evaluate

L Lobberg M

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: Time: Name: 3

COPY

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: Time: Name: 4

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Patient Name Luis-Hernandez, Modesto Physician Dr Lobberg

Allergies NKDA 1/16DM

## MARION COUNTY JAIL

## Patient Physical History Sheet

Patient Name: Luis-Hernandez Modesto SID# 21941589

Date	Physician Notes
1/28/22 6 AM	<p><u>1/28/22</u></p> <p>cont c/o pain/shoulder &amp; L leg 'swell'</p> <p>10/8/1 full - will ask for ortho consult for evaluation &amp; see if further imaging w/ - warranted</p> <p>L lobby m</p> <p><b>COPY</b></p>

## MARION COUNTY JAIL

## Patient Physical History Sheet

Copy

Patient Name: Luis-Hernandez, Modesto SID# 2941529.

Date	Physician Notes
1/20/24	Minim 70S → having to be off work - until full resolution of back/thigh pain ✓ Loberg M
1/21/24	Minim GUS Tizamadol started for BP - releases well 1/2 but monitor at 2x6H - Minim 2x6H ✓ Loberg M
1/21/24	Minim 73D Refusing BP vs - N/C ✓ Loberg M
1/21/24	Minim 84S BP free of tizamadol - N/C ✓ Loberg M
1/21/24 81S	(1) in for cont'd multiple ms since 1/11 injun L shoulder, L arm, L knee - states he needs to be sent out for imaging - told by FNP - noting no acute (2) neck - rd pain L shoulder - rd straighten - + ROM in lateral L knee - rd L ankle - rd PTK - rt knee, lt ankle cramp - 2 no hernia (3) multiple ms cl. → subjective findings (4) told no reason for advanced imaging (5) off work due to imaging (1) (6) shoulder exercises ✓ Loberg M

## MARION COUNTY JAIL

## Patient Physical History Sheet

COPY

Patient Name: Luis Hernandez, Modesto

SID# 21941529

Date	Physician Notes
10/19/81	(S) brought in for eval - slipped on floor + fell onto - L. pain L low back + upper leg - like of prior fx 2 feet + pain going up stairs
	(O) arm - mild pain MS - NL ROM (trp) TTP along hamstrings + low back Knee - NL NL NL ROM Foot - no obvious deformity
	(P) 1) acute Lc back + thigh strain 2) Ac L foot pain
	(R) 1) LBLT 2) off wall 2) IMA TEA x 14 d metacarpal soay TDN x 7d
10/22/21	\$) Reports injury when mopping and slipped on wet floor. "I did the splits." States hurts so bad "I can't sit." Pain is worse in back of (O) thigh and front of (O) groin from LL abd to (O) groin. Already taking IMA 800mg tid and Robaxin 500mg tid x 7 days. ③ NAD, Spanish speaking interpreter present. MSK - TTP (S) hamstrings, low back and LLO / O) groin. No swelling or deformity. No heat. ④ Acute (O) back and (O) thigh strain ⑤ ↑ Robaxin 1000mg tid x 7 days. Tylenol 1000mg bid x 30 days. Socks + desk shoes. LBLT. ————— Omilla FNP-C

Electronically Signed By: Elliott, Sean ANP 03/21/2022 12:36:38 PM



1600 State Street  
Salem, OR 97301  
Phone: 503-540-6300  
Fax: 503-540-6404  
[www.hopeorthopedics.com](http://www.hopeorthopedics.com)

**PATIENT ID:** 107000074752**EXAM DATE:** 03/17/2022**PATIENT:** MODESTO LUIS HERNANDEZ**ACCESSION #:** 1657468**DATE OF BIRTH:** 07/24/1969**REFERRED BY:** SEAN ELLIOT ANP**MR LT HAMSTRING****HISTORY**

Injury 3 months ago, pain and weakness.

**COMPARISON****STUDIES**

Radiographic series 02/23/2022

**TECHNIQUE**

Multiplanar sequences with T1, intermediate, T2, and/or T2\*-weighted image contrast.

**FINDINGS**

***Hamstring complex:*** The common hamstring tendon is avulsed from the ischial tuberosity origin and is retracted distally by 4 cm. Moderate fatty atrophy of the semimembranosus, semitendinosus, and biceps femoris muscles.

***Remainder of muscle and tendon groups:*** Unremarkable.

***Osseous:*** No fracture or destructive process.

***General:*** No soft tissue mass. Small amount of fluid in the trochanteric bursa.

**IMPRESSION**

1. Common hamstring complex tendon: Avulsed from the ischial tuberosity origin and is retracted distally by 4 cm. Moderate fatty atrophy semimembranosus, semitendinosus and biceps femoris muscles.

Electronically signed by Stephen F. Quinn, M.D. (Friday, March 18, 2022 1:57:52 PM)

SUBSPECIALTY INTERPRETATION PROVIDED BY



THANK YOU FOR ENTRUSTING YOUR PATIENT'S CARE TO US.



1600 State Street  
Salem, OR 97301  
**Phone:** 503-540-6300  
**Fax:** 503-540-6404  
[www.hopeorthopedics.com](http://www.hopeorthopedics.com)

**PATIENT ID:** 107000074752

**EXAM DATE:** 03/17/2022

**PATIENT:** MODESTO LUIS HERNANDEZ

**ACCESSION #:** 1657469

**DATE OF BIRTH:** 07/24/1969

**REFERRED BY:** SEAN ELLIOT ANP

#### **MR SHOULDER - LEFT**

##### **HISTORY**

Dislocation, posterior pain, evaluate for labral tear

##### **COMPARISON**

##### **STUDIES**

Radiographic series 02/23/2022

##### **TECHNIQUE**

Multiplanar sequences with T1, intermediate, T2, and/or T2\*-weighted image contrast.

##### **FINDINGS**

**ROTATOR CUFF:** Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.

**CORACOACROMIAL ARCH:** AC joint mild osteoarthritis with loss of articular cartilage, cortical irregularities and osseous remodeling.

**GLENOHUMERAL JOINT:** Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality with loss of articular cartilage and cortical irregularities anterior inferior glenoid.

**OSSEOUS/BONE MARROW:** No fracture or significant osseous abnormality.

**GENERAL:** Small amount of subacromial bursal fluid with synovitis.

##### **IMPRESSION**

1. Rotator cuff tendon complex: Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.
2. AC joint: Mild osteoarthritis.
3. Glenohumeral joint complex: Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality anterior inferior glenoid with loss of articular cartilage and cortical irregularities.

Electronically signed by Stephen F. Quinn, M.D. (Friday, March 18, 2022 1:49:57 PM)

MODESTO LUIS HERNANDEZ (107000074752)

MR - Shoulder - Left on 03/17/2022

*SUBSPECIALTY INTERPRETATION PROVIDED BY*

**R A D S O U R C E**

THANK YOU FOR ENTRUSTING YOUR PATIENT'S CARE TO US.



## REQUEST FOR AND REPORT OF CONSULTATION

MARION COUNTY JAIL  
MEDICAL DEPARTMENT  
4000 AUMSVILLE HWY S.E.  
SALEM, OR 97317

DATE 5-17-2022

NAME Luis - HERNANDEZ, Modesto DOB 7-24-69 SID 21741529

CONSULTANT Hope Ortiz

### PHYSICIAN REQUESTING CONSULTATION

PROBLEM (REASON FOR REQUEST) (① shoulder rotator cuff tear  
② proximal hamstrings rupture.)

### EVALUATION

S. \_\_\_\_\_

O. \_\_\_\_\_

A. \_\_\_\_\_

P. \_\_\_\_\_

### DIAGNOSIS

RECOMMENDATIONS (① shoulder rotator cuff repair  
② hamstrings → physical therapy)

CONSULTANT SIGNATURE

DATE 5/17/2022

REPORT EXTENDED TO PROGRESS NOTES

MCJ REV 2019



**REQUEST FOR AND REPORT OF CONSULTATION**

MARION COUNTY JAIL  
MEDICAL DEPARTMENT  
4000 AUMSVILLE HWY S.E.  
SALEM, OR 97317

DATE 3-30-2022

*Modesto*

NAME Luis - HERNANDEZ DOB 7-24-69 SID 21941529

CONSULTANT Hope OrthoD

PHYSICIAN REQUESTING CONSULTATION \_\_\_\_\_

PROBLEM (REASON FOR REQUEST) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EVALUATION

S. \_\_\_\_\_

O. \_\_\_\_\_

A. \_\_\_\_\_

P. \_\_\_\_\_

*Partial*

DIAGNOSIS L RER R CT Sub Scap. OCD

Glenoid - labral Complete Hudson Tan  
(L) Ten.

RECOMMENDATIONS Roxie Apt. 5 DR el/kn  
for F/U L-Sloulder + Hudson

CONSULTANT SIGNATURE JG

3-30-2022 DATE

REPORT EXTENDED TO PROGRESS NOTES

MCJ REV 2019



## REQUEST FOR AND REPORT OF CONSULTATION

MARION COUNTY JAIL  
MEDICAL DEPARTMENT  
4000 AUMSVILLE HWY S.E.  
SALEM, OR 97317

DATE 2/23/2022NAME Luis - Hernandez, <sup>Modesto</sup> DOB 7-24-69 SID 21941529CONSULTANT Hope Ortho

PHYSICIAN REQUESTING CONSULTATION \_\_\_\_\_

PROBLEM (REASON FOR REQUEST) \_\_\_\_\_  
\_\_\_\_\_

## EVALUATION

S. GLF Splits fall L-Slclor Pain  
(L) and Hxstory: H.p OB knee OT Hxstory

O. 3/5 L - walk & Pm. L-Slclor -  
+ Import Symptom + L - weakness Refl. Cuff

A. Suspect Hxstory Tcr. L - Patient vs. Fall Cuff  
↓ Plan: injection (L) Slclor today MRI L Hxstory  
+ FLU P Ane.

P. ↓ Plan: injection (L) Slclor today MRI L Hxstory  
+ FLU P Ane.

## DIAGNOSIS

Hxstory Spasm (L) Ruler cuf Diffusion  
(L)

RECOMMENDATIONS Injektl L-Slclor today if crnt  
Symptoms Pain Recommend MRI & Athrom L-Slclor  
MRI L Hxstory, FLU P MRI L Hxstory.

CONSULTANT SIGNATURE JES

DATE \_\_\_\_\_

 REPORT EXTENDED TO PROGRESS NOTES

MCJ REV 2019

**Hope Therapy Services**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6472  
 Fax: (503) 540-6480

**Date:** August 30, 2022  
**Patient Name:** Luis Hernandez Modesto      **MR #:**  
**Date of Birth:** 07/24/1969      **Phone:** (503)588-6815  
**Insurance:** Marion County Sheriffs Office

**HOPE THERAPY SERVICES INITIAL EVALUATION**

**MEDICAL DIAGNOSIS:** M75.121 Nontraumatic complete tear of right rotator cuff (M75.121)  
**TREATING DIAGNOSIS:** M25.512 Pain, joint, shoulder, left (M25.512)  
 M25.612 Stiffness of left shoulder joint (M25.612)  
 M62.81 Muscle weakness (generalized) (M62.81)

**PRECAUTIONS /**

**CONTRAINdications:** None  
**TOTAL TREATMENT TIME:** 40 minutes  
**DATE OF ONSET:** 07/19/2022  
**TREATMENT STARTED:** 08/30/2022  
**VISIT#:** 1  
**TIME IN:** 9:10  
**TIME OUT:** 10:00

**TREATING THERAPIST:** Jennifer F. Truax MSPT ATC R  
**REFERRING PROVIDER:** Donna Millan FNP - *ELKIN*

**Body Part / Injury:** Left Shoulder

**Surgical Procedure**

L RCR with biceps tenodesis      **Date:** 07/19/2022      **Days post op:** 1 Month 11 Days

**Pain level at rest:** 3/10

**Pain level during activity:** 4/10

**PQRS:****Subjective**

Luis presents to PT today w a Spanish Speaking Interpreter and a Sheriff Transport guard. He is 6 weeks s/p R RCR with bicep tenodesis and was sent to PT for a HEP instruction to use while in prison.

**Date:** August 30, 2022

**Page:** 1

**Patient's Name:** Luis Hernandez Modesto

**Document Name:** NW PT Initial Eval

**MR#:**

He is using pain meds and asks when he can come off of them. He agrees to approach this question at his follow up.

**He c/o LE pain as well and asks about an injury to his L leg. We deferred this for now given he has not had any PT since surgery and he is 6 weeks s/p.**

### **Objective**

Interpreter present: David Ramirez ID: 12709

Initial evaluation complete. Neurovascular status intact. Pt educated on current surgical procedure and expectations of rehab. Instructed and demonstration of

HEP (HO provided) which includes:

Access Code: X94PWBDV

Seated Shoulder Flexion Towel Slide at Table Top - 2-3 x daily - 7 x weekly - 2-3 sets - 10-15 reps

Scaption Wall Slide with Towel -

Seated Shoulder Shrugs -

Seated Scapular Retraction -

Seated Elbow Flexion AAROM -

Seated Upper Trapezius Stretch (Mirrored) -

Pt has limitations given the prison environment.

**Initial Eval:** PT-low complexity 15 minutes. No personal factors or co-morbidities. Presents with stable and uncomplicated characteristics.

**Ther Ex:** 25 minutes

TherEx was performed to HEP Education.

### **Shoulder Evaluation**

#### **Range of Motion**

##### **RIGHT**

Flexion	Active: 170	Strength: 5/5
Abduction	Active: 170	Strength: 5/5

##### **LEFT**

Flexion	Active: 60	Passive: 115
Abduction	Active: 30	Passive: 115

### **Assessment**

Patient presents to therapy s/p Lt RCR. Pt demonstrates a good understanding of the surgical procedure and HEP. The clinical findings support the medical necessity to implement physical therapy treatment. Pt presents with deficits in ROM and strength. Pt would benefit from therapy to increase ROM and strength and decrease pain to return to prior level of function as described in the eval.

Rehab potential is expected to be good

Patient's motivation appears to be good

Patient's understanding of the condition is good

---

Date: August 30, 2022

Page: 2

Patient's Name: Luis Hernandez Modesto

Document Name: NW PT Initial Eval

MR#:

**Plan**

Patient to be seen as listed to meet goals. Will progress ROM and strength per MEDIUM/LARGE RCR protocol and as appropriate. Modalities as needed for pain control. Patient was informed of evaluation findings, involved in goal development and education. Given evaluation findings, the prognosis is GOOD with respect to achieving the above listed goals.

I will give Tommy Vu his advancement exercises for phase II of his rehab process. :

**Exercises**

- Range of motion
- Strengthening
- Home exercise program

**Frequency:** 1 times per week

**Duration:** 1 week(s)

**GOALS****Short Term Goals**

Maintain integrity of repair by Following precautions and adhering to sling usage

**To be met in 1 weeks To be met by 08/30/2022**

Pt compliance with HEP 2-3x daily

**To be met in 2 weeks**

Increase PROM flexion to 115 deg

**To be met in 3 weeks To be met by 08/30/2022**

Pt to begin transition out of sling abd pillow 08/30/2022

*I have reviewed and agree with today's treatment.*

**I certify the need for these services for up to 90 days under this plan of treatment and while under my care.**

Provider

Date

8/30/22

*This document was generated electronically through NextGen EMR system.*

Electronically signed by Jennifer F. Truax MSPT ATC R on 08/30/2022 11:07 AM

---

**Date:** August 30, 2022

**Document Name:** NW PT Initial Eval

**Page:** 3

**Patient's Name:** Luis Hernandez Modesto  
**MR#:**

July 27, 2023

TO: Willamette Surgery Center  
c/o Medical Records  
P.O. Box 13730  
Salem, OR 97309

From: Modesto Luis-Hernandez  
SID# 21941529  
SRCI  
777 Stanton Blvd.  
Ontario, OR 97914

RE:

Dear/To whom it may concern,

I am requesting a copy of all medical records pertaining to all of my visits to your facility from around September 2021 until around August 2022. I am requesting this information for my previous surgeries and any medical care provided, including any additional notes taken or recorded by my attending medical care providers at the time.

My information is as follows:

Name: Modesto Luis-Hernandez

DOB: 7-24-1969

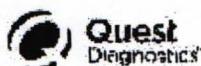
Respectfully, Luis Hernandez modesto

cc. Orthopedics of Oregon  
c/o Medical Records  
1600 State St  
Salem, OR 97301

---

Modesto Luis-Hernandez  
SID# 2194152 9  
SRCI  
777 Stanton Blvd  
Ontario, OR 97914

AUG 07 2023



Page 1 of 1

07/18/2022 07:30:49 AM

Report Status: Final

LUZS-HERNANDEZ, MODESTO

Patient Information	Specimen Information	Client Information
<b>LUZS-HERNANDEZ, MODESTO</b> <b>DOB:</b> 07/24/1969 <b>AGE:</b> 52 <b>Gender:</b> M <b>Fasting:</b> U <b>Phone:</b> NG <b>Patient ID:</b> 21941529	<b>Specimen:</b> OW967624R <b>Requisition:</b> 7043311  <b>Collected:</b> 07/16/2022 / 02:56 PDT <b>Received:</b> 07/17/2022 / 08:18 PDT <b>Reported:</b> 07/18/2022 / 07:20 PDT	<b>Client #:</b> 31006202 <b>SL00005</b> <b>LOBERG, LANCE G</b> <b>MARION COUNTY CORRECTIONAL</b> <b>4000 AUMSVILLE HWY SE</b> <b>SALEM, OR 97301-9112</b>

## SARS-CoV-2 (COVID-19) Tests

Test Name	Result	Reference Range	Lab
SARS-CoV-2 RNA (COVID-19) Qualitative NAAT	NOT DETECTED	NOT DETECTED	NAT
SARS-CoV-2 RNA	NOT DETECTED	NOT DETECTED	
A Not Detected result means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection.			
A Not Detected result does not rule out the possibility of COVID-19 and should not be used as the sole basis for treatment or patient management decisions. If COVID-19 is still suspected, based on exposure history together with other clinical findings, re-testing should be considered in the context of clinical observations and epidemiological data for patient management decisions.			
Test Method: Nucleic Acid Amplification Test including reverse transcription polymerase chain reaction (RT-PCR) and transcription-mediated amplification (TMA). The test method meets the US Centers for Disease Control and Prevention (CDC) pre-departure and arrival requirement for viral test for COVID-19 dated January 28, 2021. Testing requirements for travel may change with time. The patient is responsible for determining the test requirements for each nation while they are traveling.			
This test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.			
Please review the "Fact Sheets" and FDA authorized labeling available for health care providers and patients using the following websites: <a href="https://www.questdiagnostics.com/home/Covid-19/HCP/NAAT/fact-sheet2">https://www.questdiagnostics.com/home/Covid-19/HCP/NAAT/fact-sheet2</a> <a href="https://www.questdiagnostics.com/home/Covid-19/Patients/NAAT/fact-sheet2">https://www.questdiagnostics.com/home/Covid-19/Patients/NAAT/fact-sheet2</a>			
Due to the current public health emergency, Quest Diagnostics is accepting samples from appropriate clinical sources collected using a wide variety of swabs and transport media for COVID-19. Not detected test results derived from specimens received in non-commercially manufactured viral collection kits or those not yet authorized by FDA for COVID-19 testing should be cautiously evaluated and take extra precautions such as additional clinical monitoring, including collection of an additional specimen.			
Additional information about COVID-19 can be found at the Quest Diagnostics website: <a href="http://www.QuestDiagnostics.com/Covid19">www.QuestDiagnostics.com/Covid19</a> .			
For patients with a Detected or Inconclusive test result, please see CDC's COVID-19 Treatments and Medications page located at <a href="https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html">https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html</a> for information on COVID-19 therapeutics.			
For patients with a Not Detected test result, please see CDC's Vaccines for COVID-19 page located at <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html</a> for information on COVID-19 vaccines.			
Physician Comments:			

## PERFORMING SITE:

NW QUEST DIAGNOSTICS SITE 1, 1737 AIRPORT WAY, SUITE 200, KIRKLAND, WA 98034-1436 Laboratory Director: ROBERT W GRAHAM MD, CLIA: 200306970H

COPY

**Hope Orthopedics Of Oregon**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6300  
 Fax: (503) 540-6404

Patient:

**Modesto Luis Hernandez**

Date of Birth:

07/24/1969

Date:

07/12/2022 2:18 PM

Visit Type:

Pre-Operative Visit

Provider:

Yon Gomez PA-C

Historian:

self

This 52 year old client presents for left shoulder Pain.

**History of Present Illness****1. left shoulder Pain****Subjective:**

52-year-old male who presents today for preoperative evaluation of his left shoulder. Patient is scheduled to undergo a left shoulder arthroscopy, rotator cuff repair, subacromial decompression, extensive debridement, biceps tenodesis on 07/19/2022.

Today patient rates his pain as a 6/10. Patient reports no significant changes to the shoulder since last examination.

**Problem List**

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Impingement syndrome, shoulder, left		N		
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder		N		
Traumatic partial tear of left biceps tendon, subsequent encounter		N		
Full thickness tear of left subscapularis		N		

tendon, subsequent encounter

### **Past Medical History (Detailed)**

Patient reported no relevant past medical/surgical history.

### **Medication Reconciliation**

Medications reconciled today.

Patient is on no medications.

### **Allergies:**

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			

### **Family History**

(Detailed)

Patient reports there is no relevant family history.

### **Social History (Detailed)**

Tobacco use reviewed.

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

### **Tobacco Screening**

Patient has never used tobacco. Patient has not used tobacco in the last 30 days. Patient has not used smokeless tobacco in the last 30 days.

### **Smoking Status**

Type	Smoking Status	Usage Per Day	Years Used	Pack Years	Total Pack Years
	Never smoker				

## Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

## Vital Signs

### Height

Time	ft	in	cm	Last Measured	Height Position	Measured By
2:45 PM	5.0	3.50	161.29	07/12/2022	Standing	Erin Howard

### Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m2	BSA m2	Measured By
2:45 PM	190.00		86.183		33.13		Erin Howard

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
2:45 PM	126/78	standing	right	arm	manual	adult large	Erin Howard

### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
2:45 PM	97.3	36.28	temporal	64			Erin Howard

### Pain Scale

Time	Pain Score	Method	Measured By
2:45 PM	6/10	Numeric Pain Intensity Scale	Erin Howard

**Exam:**

On physical exam patient is in no distress. Alert and oriented to time and place. Breathing is unlabored.

**Respiratory:** Chest clear. Even and unlabored. Clear to Auscultation. Non-labored breathing and no audible wheezing

**Cardiovascular:** Regular heart rate and rhythm. No audible murmurs or extra sounds.

**Left shoulder exam:**

**Inspection:** There is no visible swelling, ecchymosis, skin lesions, scapular winging, or muscle atrophy present.

**Palpation:** No focal tenderness to palpation about the bicipital groove, anterior over the AC joint, or posteriorly.

**Neurovascular:** Distally patient has palpable 2+ radial pulse. Sensation is normal in axillary, median, ulnar, and radial nerve distributions.

**Range of Motion:**

Forward flexion: 170

Abduction: 90

External rotation in abduction: 90

External rotation at the side: 60

Internal rotation: T10

**Muscle strength is:**

5/5 in scaption

5/5 external rotation

4/5 internal rotation

**Indication/Type of Treatment:**

Indication	Type of Treatment	Side	Region	Initial Treatment Date	Global Days	Status
Impingement syndrome, shoulder, left	Arthscopy shldr decompression	Left	Shoulder	07/19/2022		scheduled
Full thickness tear of left subscapularis tendon, subsequent encounter	Arthroscopic Rotator Cuff Repair	Left	Shoulder	07/19/2022		scheduled
Traumatic partial tear of left biceps tendon, subsequent encounter	ARTHROSCOPY BICEPS Left TENODESIS		Shoulder	07/19/2022		scheduled
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder	Extensive debridement	Left	Shoulder	07/19/2022		scheduled

**Clinical Assessment:**



PH: (888) 412-8087 • Fax: (888) 522-0355  
2134 S Richards Street • Salt Lake City, UT 84115.

## PATIENT DIRECT AGREEMENT DVT PREVENTION SYSTEM

PLEASE COMPLETE ALL ITEMS IN YELLOW

### Letter of Medical Necessity / Assignment of Benefits

Items Provided to Patient by MedVantage: Intermittent Pneumatic Compression Device and All Accessories

LUIS HERNANDEZ, MODESTO

REF 3040

DOB:07/24/1969 (52) DOS:07/19/2022

Gender:Male MRN:400776

Physician:Elkin, Daniel

VENAFLOW ELITE CALF CUFF Lot# TJ02240220605

AT-HOME DVT Prevention System

#### 1.) Assignment of Benefits (AOB) and Authorization to Release Information:

I understand that signing this form authorizes MedVantage and/or billing affiliates (BA) to submit claims directly on my behalf to my insurance carrier(s) or other health or medical plans. I also understand that signing this form assigns to MedVantage (BA) my right to payment of any and all healthcare or medical benefits for the items described above. This means MedVantage (BA) will receive direct payment for these items. I understand that signing this form authorizes MedVantage (BA) to acquire from the surgery center, and to release to my insurance carrier(s) and any other of my health or medical plans, any information necessary to process this or a related medical claim. I agree MedVantage (BA) may contact me for any additional information necessary to process this claim. I understand that after my surgery I will receive an Explanation of Benefits (EOB) document from my health insurance company which explains how the insurance company processed a claim for products / services by MedVantage (BA). Further, I understand that the EOB is not a bill or invoice, and I have read and understand the information on the back of this form. I agree should I have questions regarding the applicable EOB that I am to call MedVantage (BA) and not the surgery center or physician for information. If I receive a check from my insurance carrier for this service, I agree to endorse and forward-on to MedVantage or its designated affiliate at 2134 S Richards Street, Salt Lake City, UT 84115.

X

Signature of Patient / Responsible Patient Representative

Date

<b>1 Point Risk Factors</b>	<b>2 Point Risk Factors</b>	<b>5 Point Risk Factors</b>
<input type="checkbox"/> Age 41-60 years <input type="checkbox"/> Minor Surgery planned <input type="checkbox"/> History of prior Major Surgery <input type="checkbox"/> Varicose Veins <input type="checkbox"/> History of inflammatory bowel disease <input type="checkbox"/> Swollen legs (current) <input type="checkbox"/> Obesity (BMI > 25) <input type="checkbox"/> Acute Myocardial Infarction (<1 month) <input type="checkbox"/> Congestive Heart Failure (<1 month) <input type="checkbox"/> Sepsis (<1 month) <input type="checkbox"/> Serious lung disease, including Pneumonia (<1 month) <input type="checkbox"/> Abnormal Pulmonary Function (COPD) <input type="checkbox"/> Medical patient currently at bed rest <input type="checkbox"/> Leg Plaster Cast or Brace <input type="checkbox"/> Use of Tourniquet <input type="checkbox"/> General Anesthesia (>30 minutes) <input type="checkbox"/> Oral Contraceptive or Hormone Replacement Therapy <input type="checkbox"/> Pregnancy or Postpartum (< 1 month) <input type="checkbox"/> History of unexplained stillborn infant, recurrent spontaneous abortion (-3), premature birth with toxemia or growth-restricted infant	<input type="checkbox"/> Age 61-74 years <input type="checkbox"/> Major Surgery (> 45 minutes) <input type="checkbox"/> Arthroscopic Surgery <input type="checkbox"/> Laparoscopic Surgery (> 45 minutes) <input type="checkbox"/> Previous Malignancy <input type="checkbox"/> Central Venous Access <input type="checkbox"/> Morbid Obesity (BMI > 40)	<input type="checkbox"/> Elective Major Lower Extremity Arthroplasty <input type="checkbox"/> Hip, Pelvis or Fracture (< 1 month) <input type="checkbox"/> Stroke (< 1 month) <input type="checkbox"/> Multiple Trauma <input type="checkbox"/> Acute Spinal Cord Injury (Paralysis) (< 1 month) <input type="checkbox"/> Major Surgery lasting over 3 hours
<b>3 Point Risk Factors</b>		
<input type="checkbox"/> Age 75 years and over <input type="checkbox"/> Major Surgery lasting 2-3 hours <input type="checkbox"/> BMI > 50 (Venous Stasis Syndrome) <input type="checkbox"/> History of SVT, DVT/PE <input type="checkbox"/> Family History of DVT/PE <input type="checkbox"/> Present Cancer or Chemotherapy <input type="checkbox"/> Positive Factor V Leiden <input type="checkbox"/> Positive Prothrombin 2010A <input type="checkbox"/> Elevated Serum Homocysteine <input type="checkbox"/> Positive Lupus Anticoagulant <input type="checkbox"/> Elevated Anticardiolipin Antibodies <input type="checkbox"/> Hepatitis-induced Thrombocytopenia (HIT) <input type="checkbox"/> Other Thrombophilia		
<b>Surgical Risk Factors</b>		
<input type="checkbox"/> Revision Surgery <input type="checkbox"/> Extensive Surgical Dissection <input type="checkbox"/> Previous Major Bleeding <input type="checkbox"/> Difficult-to-Control Bleeding During Current Operative Procedure		
<b>TOTAL RISK FACTOR SCORE:</b> <input type="text"/>		
<input type="checkbox"/> High Risk: 3+ Points <input type="checkbox"/> Moderate Risk: 2 Points		
<b>Length of Need:</b> 1 (Unit)		

Due to this patient's risk for developing deep vein thrombosis, I am prescribing mechanical DVT prophylaxis because of the following:

- My patient has been prescribed antibiotics, NSAIDs or other medication documented by pharmaceutical manufacturers to have contraindications with anticoagulants, causing major interactions including but not limited to allergic skin reactions and excess bleeding
- My patient has been prescribed mechanical prophylaxis AND anticoagulants because of their level of risk.

American Journal of Medicine, Feb. 2012, Allergy, 2006 Dec; 61 (12) 1432-40, Cochrane Database of Systematic Reviews 2008, Issue 4, Epocrates.com

Please Write ICD-10 Codes Here    X    X    X    X    X

#### 2.) Letter of Medical Necessity / Physician Order

Deep Vein Thrombosis (DVT) is a significant risk factor for patients undergoing surgery and immobilized patients. Prevention of DVT is more effective than treatment and an important aspect of patient care before, during and after surgery. I have assessed this patient's risk of developing DVT due to age, type of surgery, patient and family medical history, and other documented factors that may increase the risk of DVT. My assessment indicates the use of mechanical thromboprophylaxis by pneumatic compression device and segmental gradient pressure pneumatic appliances. It is my opinion this is medically necessary and reasonable in accordance with accepted standards of practice and appropriate treatment of this patient.

X

Physician Signature (OR ATTACH COPY OF SIGNED PHYSICIAN ORDER). Please do not stamp

Printed Name / NPI#

Date



1600 State Street  
Salem, OR 97301  
**Phone:** 503-540-6300  
**Fax:** 503-540-6404  
[www.hopeorthopedics.com](http://www.hopeorthopedics.com)

**PATIENT ID:** 107000074752

**PATIENT:** MODESTO LUIS HERNANDEZ

**DATE OF BIRTH:** 07/24/1969

**EXAM DATE:** 03/17/2022

**ACCESSION #:** 1657469

**REFERRED BY:** SEAN ELLIOT ANP

#### **MR SHOULDER - LEFT**

##### **HISTORY**

Dislocation, posterior pain, evaluate for labral tear

##### **COMPARISON**

##### **STUDIES**

Radiographic series 02/23/2022

##### **TECHNIQUE**

Multiplanar sequences with T1, intermediate, T2, and/or T2\*-weighted image contrast.

##### **FINDINGS**

**ROTATOR CUFF:** Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.

**CORACOACROMIAL ARCH:** AC joint mild osteoarthritis with loss of articular cartilage, cortical irregularities and osseous remodeling.

**GLENOHUMERAL JOINT:** Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality with loss of articular cartilage and cortical irregularities anterior inferior glenoid.

**OSSEOUS/BONE MARROW:** No fracture or significant osseous abnormality.

**GENERAL:** Small amount of subacromial bursal fluid with synovitis.

##### **IMPRESSION**

1. Rotator cuff tendon complex: Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.
2. AC joint: Mild osteoarthritis.
3. Glenohumeral joint complex: Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality anterior inferior glenoid with loss of articular cartilage and cortical irregularities.

Electronically signed by Stephen F. Quinn, M.D. (Friday, March 18, 2022 1:49:57 PM)

**WILLAMETTE SURGERY CENTER PC**  
 1445 State Street, Salem, OR 97301  
 503-365-3965

**OPERATIVE NOTE**

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**PATIENT:** Modesto Luis Hernandez  
**DATE OF BIRTH:** 07/24/1979  
**ENCOUNTER DATE:** 07/19/2022  
**SURGEON:** Daniel Elkin MD

**PREOPERATIVE DIAGNOSIS:**

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- 1. Left shoulder rotator cuff tear of subscapularis
- 2. Left shoulder degenerative labral fraying
- 3. Left shoulder biceps tendon tear proximal
- 4. Left shoulder superior labrum anterior-posterior tear

**POSTOPERATIVE DIAGNOSIS:**

---

- 1. Left shoulder rotator cuff tear of subscapularis
- 2. Left shoulder degenerative labral fraying
- 3. Left shoulder biceps tendon tear proximal
- 4. Left shoulder superior labrum anterior-posterior tear

**PROCEDURE:**

---

- 1. Left shoulder arthroscopic rotator cuff repair
- 2. Arthroscopic biceps tenodesis
- 3. Extensive debridement

**ASSISTANT:** Yon Gomez, P.A.-C

**ANESTHESIA:** LMA with interscalene nerve block per Dr. Lloyd

**SPECIMENS:** None

**EBL:** Minimal

**COMPLICATIONS:** None

**POSTOP CONDITION:** Stable to recovery

**INDICATIONS:** The patient is a 52-year-old gentleman with the above diagnoses. He failed conservative treatment. He continues to have pain refractory to conservative measures and therefore was indicated for the above procedure.

**DESCRIPTION OF PROCEDURE:** The patient was seen in preoperative holding. Consent was verified. The risks, benefits and alternatives were discussed and the patient wished to proceed. The left shoulder was marked by myself and the patient. The patient was brought to the OR and induced with the above anesthesia. The patient was placed in the lateral decubitus position. All bony prominences were padded. The left upper extremity was prepped and draped in the usual sterile fashion. A surgical time-out was called identifying the left side as the correct side. This correlated with preoperative imaging, markings on the patient and the consent form.

At this point, we began diagnostic arthroscopy from the posterior portal of the glenohumeral joint. The humeral head and glenoid cartilage were intact. There was degenerative labral fraying anteriorly. There was significant scar tissue about the rotator interval. There was a full thickness tear of the subscapularis without retraction.

The biceps tendon was medially subluxated and there was significant tearing of the superior labrum at the bicipital attachment.

At this point, an anterior working portal was established. The rotator interval tissue was cleared using the RF device as well as a motorized shaver. The subcoracoid space was developed. There was no subcoracoid impingement. We performed an extensive debridement of the degenerative labral tissue as well as the capsular and rotator interval tissue.

We then performed a Loop 'n Tack biceps tenodesis using the FiberLink. The biceps was resected from the superior glenoid tubercle. We next used the scorpion to pass two SutureTapes through the subscapularis. These SutureTapes as well as the biceps suture were placed into an Arthrex 4.75 mm SwiveLock and this was inserted into the lesser tuberosity for anatomic restoration of the subscapularis and for the arthroscopic biceps tenodesis. We had excellent purchase on the anchor. The tails were cut flush. The repair was stable to probing as well as internal and external rotation.

We next entered the subacromial space. A bursectomy was accomplished. The undersurface of the acromion was visualized. There was no spurring. The superior aspect of the rotator cuff was visualized from the bursal surface and there was no tearing. We therefore did not do any work in this region.

The shoulder was drained of arthroscopic fluid. The portals were closed in interrupted fashion using 3-0 Vicryl followed by 3-0 nylon sutures. A sterile dressing was applied. The patient was awakened from anesthesia and brought to PACU in stable condition.

Yon Gomez, P.A.-C, a trained surgical assistant, was necessary for multiple parts of the procedure including positioning, retraction, placement of implants, arm and camera manipulation and closure.

**DISPOSITION:** The patient will be in a sling for four weeks. No active biceps lifting. Active elbow, wrist and hand range of motion would be permitted. No active shoulder motion for four weeks. He will be on aspirin for four weeks for DVT prophylaxis.

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Daniel Elkin, M.D.  
DE:jsc

D: 07/19/22 – 08:52

T: 07/19/22 – 18:34

#0719-074

Facility Name

June, 2022

Month/Year

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Covid Test- PCR on 7-12-22	1400																													
RN Init. <i>ce</i> START DATE 6/17/2022 STOP DATE <i>7-19-22</i>																														
NPO at Midnight on 7-19-22 for 7-26-22 surgery																														
RN Init. <i>ce</i> START DATE 6/17/2022 STOP DATE <i>7-26-22</i>																														
ASA 81mg PO QD X 4 weeks after surgery	09																													
RN Init. <i>M.M.</i> START DATE <i>7-15-22</i> STOP DATE <i>08-17-22</i>																														
Tylenol #3 1 po TID X 7 days after surgery then ↓	09																													
RN Init. <i>M.M.</i> START DATE <i>7-15-22</i> STOP DATE																														
Tylenol #3, 1 po TID X 7 days	09																													
RN Init. <i>M.M.</i> START DATE <i>7-15-22</i> STOP DATE <i>8-17-22</i>																														
Ketorolac 10mg PO TID X 5 days	09																													
RN Init. <i>M.M.</i> START DATE <i>7-15-22</i> STOP DATE																														
Sling (L) arm X 4 weeks post OP	09																													
RN Init. <i>M.M.</i> START DATE <i>7-15-22</i> STOP DATE																														
RN Init. START DATE STOP DATE																														
RN Init. START DATE STOP DATE																														

ALLERGY	NKDA			DOB: 7-24-69			NURSE'S SIGNATURE	INITIAL	NURSE'S SIGNATURE	INITIAL	
DIAGNOSIS										<i>M.M.</i>	
PATIENT NAME	Luis-Hernandez, Modesto	ID	21941529	WING	CB 1010						
DOCUMENTATION CODES =											
DC - Discontinued Order		R - Refused		S - Self Administered							
DO - Dose Omitted		C - Court		NS - No Show							
H - Medical Hold		LD - Lock Down		O - Other							
C.Gage RN <i>ce</i>											
PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS											

MARION COUNTY SHERIFF'S OFFICE  
INSTITUTIONS DIVISION

No 02854



## AIC GRIEVANCE FORM

**INSTRUCTIONS:** Follow the rules in the AIC Handbook regarding the facility's grievance procedures. Fill in the blanks in the first two sections. If you need more room, use additional sheets of paper, not additional grievance forms. If you want to grieve more than one issue, use a grievance form for each issue.

**Reason for Grievance (Check One):**

- Conditions of Confinement       Medical Care       General Classification Procedures  
 Participation in AIC Programs       Religious Practices       Telephone, Mail & Visiting Procedures  
 Prison Rape Elimination Act-PREA       Food Service       AIC Trust Accounts

**AIC's Name:** Modesto Luis Hernandez SID: 21941529 Cell: 102

Grievance: About three months ago, I suffered a slip and fall at Delta Point, while working as a food worker. During my fall, I sustained injuries to my right arm/shoulder and my left leg to include my left testicle area. To this date, I continue to experience daily pain. I also have difficulties sleeping. I was told the jail did not have proper equipment, but I need an MRI or other medical attention. Date / Time: 11-13-2022 13:45

**AIC Signature:** Modesto Luis Hernandez Date / Time: 11-13-2022

**Receiving Deputy Signature:** Guadalupe Hernandez # 215 Date / Time: 11/13/22 1446

**Deputy's Response:** Referred

**Deputy's Signature:** Guadalupe Hernandez # R33 Date / Time: 11-13-22 1557

**Acceptance of Resolution of Grievance:** Referred Date / Time: 11-20-22 7:05

**AIC's SIGNATURE**

**Supervisor's Review:** Referred Date / Time Received: 11-24-22 1458

**Supervisor's Signature:** Guadalupe Hernandez # R33 Date / Time: 11-24-22 1458

**Acceptance of Resolution of Grievance:** Referred Date / Time: 11-24-22 1458

**AIC's SIGNATURE**

**Administrator's Review:** Yes, I have been seen by doctors here and the diagnosis is always the same, nothing conclusive. No answer to what's ailing with me. What I need is to be seen by a hospital doctor and get an MRI to get to the bottom of my ailments/afflictions/pain - consistent. Please make arrangements. Date / Time Received: 11-24-22 1458

**Administrator's Signature:** Guadalupe Hernandez # R33 Date / Time: 11-24-22 1458

**Acceptance of Resolution of Grievance:** Referred Date / Time: 11-24-22 1458

**AIC's SIGNATURE**

Distribution: WHITE – Professional Standards Unit CANARY – AIC File PINK – AIC GOLDENROD-AIC Receipt

MARION COUNTY SHERIFF'S OFFICE  
INSTITUTIONS DIVISION

No. 02882

## AIC GRIEVANCE FORM

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**Reason for Grievance (Check One):**

- ( ) Conditions of Confinement       Medical Care      ( ) General Classification Procedures  
 ( ) Participation in AIC Programs      ( ) Religious Practices      ( ) Telephone, Mail & Visiting Procedures  
 ( ) Prison Rape Elimination Act-PREA      ( ) Food Service      ( ) AIC Trust Accounts

**AIC's Name:** Melosten Luis Hernandez      SID: 21941529      Cell: E5-102

Grievance: Over 3 months ago, I suffered a significant fall at Delta Port, while working as a food worker. During my accident, I sustained injuries to my right arm, shoulder and to my left leg. It include soreness & pain to my left foot/strike.

To this date, I continue to experience daily pain to all those areas mentioned above. This incident has also caused me difficulty sleeping. I need to see a doctor to

AIC Signature: Melosten Luis Hernandez      Date / Time: 1-26-2022

Receiving Deputy Signature: S Anderson      # 1266      Date / Time: 01-26-22 1349

**Deputy's Response:**

I would see Doctor  
1-31-22

Deputy's Signature: C. Anderson      # 63      Date / Time: 1-27-2022

Acceptance of Resolution of Grievance: REFUSED      Date / Time: 1-28-2022  
 AIC's SIGNATURE

**Supervisor's Review:**

I would see Doctor  
1-31-22

Date / Time Received: 2-4-22 0700

Supervisor's Signature: C. Anderson      # 833      Date / Time: 2-1-22 0931

Acceptance of Resolution of Grievance: REFUSED      Date / Time: 2-3-2022  
 AIC's SIGNATURE

**Administrator's Review:**

AIC MC1441177 YOU HAVE BEEN EVALUATED BY THE DOCTOR.

Date / Time Received: 2-4-22 0700

Administrator's Signature: Larsen      # 11      Date / Time: 2/4/22 0707

Acceptance of Resolution of Grievance: REFUSED      Date / Time: 2-4-22 0707  
 AIC's SIGNATURE



**MARION COUNTY SHERIFF'S OFFICE  
INSTITUTIONS DIVISION**

AC 1694

## AIC GRIEVANCE FORM

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**Reason for Grievance (Check One):**

- Conditions of Confinement       Medical Care       General Classification Procedures  
 Participation in AIC Programs       Religious Practices       Telephone, Mail & Visiting Procedures  
 Prison Rape Elimination Act-PREA       Food Service       AIC Trust Accounts

**AIC's Name:** WILLIAM HARRIS **Barcode:** 201900520 **SID:** 21900520 **Cell:** (334) 8

**Grievance:** I NEED TO Be seen By The Cott's de Spout. I have  
A problem with my car but I am short on \$500.00. I am not  
Because he states, he tell me when I go to start my car in the  
The agent that my car is in the Cott's de Spout because  
This is my Brady hard for in time and I want the car to work so I  
To get it fixed.

AIC Signature: Luis Hernandez Mafeste Date / Time: 08-04-2024

Receiving Deputy Signature: S. Anderson # A766 Date / Time: 06/21/2023 10:00 AM

#### **Deputy's Response:**

Put you on the doctor's list to be seen by doctor.

has further with the doctor.

Deputy's Signature: Wade H. Clegg # 705 Date / Time: 3/11/06

Acceptance of Resolution of Grievance: RECEIVED Date / Time: SP-10-11-5  
issue not resolved

#### **Supervisor's Review:**

Supervisor's Review: \_\_\_\_\_ Date / Time Received: \_\_\_\_\_  
YOU WERE TRANSPORTED TO NO OUTSIDE CONSULTATION DA 9-3-22 A  
YOU REQUESTED

Supervisor's Signature: DWABR # 79 Date / Time: 8/31/22 1444

Acceptance of Resolution of Grievance: issue not resolved Date / Time: 12-22-2023  
**AIC's SIGNATURE**

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#### **Administrator's Review:**

**Administrator's Review:** \_\_\_\_\_ Date / Time Received: \_\_\_\_\_

Administrator's Signature: *John L. A. J.* # Date / Time: *10/22/11*

Acceptance of Resolution of Grievance: Luis Hernandez Date / Time: 7-22-2024  
**AIC's SIGNATURE**



## AIC GRIEVANCE FORM

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Fill in the blanks in the first two sections. If you need more room, use additional

sheets of paper, not additional grievance forms. If you want to grieve more than one issue, use a grievance form for each issue.

**Reason for Grievance (Check One):**

- ( ) Conditions of Confinement      ( ) Medical Care      ( ) General Classification Procedures  
 ( ) Participation in AIC Programs      ( ) Religious Practices      ( ) Telephone, Mail & Visiting Procedures  
 ( ) Prison Rape Elimination Act-PREA      ( ) Food Service      ( ) AIC Trust Accounts

CZ-104

**AIC's Name:** Luis Modesto - Hernandez

SID: 100321941529 Cell: CZ-104

Grievance: MCCFC-210-5-27 I ampt in reverece to my surgery, I would request all record  
 DR radiology, X-ray company name, name of Interpreter of Apps. Photo & video ASI  
 was recorded in Surgery, the physician did not want to give it on my leg. Wit Dels being  
 medical state. Randy copies of all out side charts so I may use as a refence of my  
 medical health. It's been a year since my surgery.

AIC Signature:

X MODESTO LUIS HERNANDEZ

Date / Time: 10-05-22

Receiving Deputy Signature:

W. Hook

#A307

Date / Time: 10/5/22 1440

**Deputy's Response:**

Medical

All requests for medical records  
 must go through your attorney

Deputy's Signature:

# 826

Date / Time: 10-8-22 1215

Acceptance of Resolution of Grievance:

Refuse  
AIC's SIGNATURE

Date / Time: 10-9-22 10:25 AM

**Supervisor's Review:**

ANSWER above. is correct. Medical records. AGG. east  
 go through your attorney

Date / Time Received: 10-10-2022 1302

Supervisor's Signature:

Sarah

# 832

Date / Time: 10-10-2022 1440

Acceptance of Resolution of Grievance:

R E FUSE

AIC's SIGNATURE

Date / Time: 10-11-22 10:41

**Administrator's Review:**

PLEASE SPEAK WITH YOUR LEGAL COUNSEL TO REQUEST YOUR  
 MEDICAL RECORDS.

Date / Time Received: 10/13/22 1447

Administrator's Signature:

Kathy

# 18

Date / Time: 10/13/22 1450

Acceptance of Resolution of Grievance:

Luis Hernandez M

AIC's SIGNATURE

Date / Time: 10-14-22 750P



## AIC GRIEVANCE FORM

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**Reason for Grievance (Check One):**

- ( Conditions of Confinement      ( Medical Care      ( General Classification Procedures  
 ( Participation in AIC Programs      ( Religious Practices      ( Telephone, Mail & Visiting Procedures  
 ( Prison Rape Elimination Act-PREA      ( Food Service      ( AIC Trust Accounts

**AIC's Name:** [Handwritten]      SID: 219041724      Cell: [Handwritten]

Grievance: [Handwritten]

AIC Signature: [Handwritten]      Date / Time: 10/12/22 15:15

Receiving Deputy Signature: W. Hook A307 # [Handwritten]      Date / Time: 10/12/22 16:00

**Deputy's Response:** [Handwritten]

[Handwritten]

Deputy's Signature: [Handwritten] # [Handwritten]      Date / Time: 10/12/22 15:15

Acceptance of Resolution of Grievance: [Handwritten]      Date / Time: 10/12/22 16:00

AIC's SIGNATURE

**Supervisor's Review:** [Handwritten]      Date / Time Received: [Handwritten]

[Handwritten]

Supervisor's Signature: [Handwritten] # [Handwritten]      Date / Time: [Handwritten]

Acceptance of Resolution of Grievance: [Handwritten]      Date / Time: [Handwritten]

AIC's SIGNATURE

**Administrator's Review:** [Handwritten]      Date / Time Received: 10/13/22 14:45

This is a recorded document.

Administrator's Signature: [Handwritten] # [Handwritten]      Date / Time: 10/13/22 14:45

Acceptance of Resolution of Grievance: [Handwritten]      Date / Time: [Handwritten]

AIC's SIGNATURE



3-102

## AIC GRIEVANCE FORM

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**Reason for Grievance (Check One):**

- ( Conditions of Confinement  
( Participation in AIC Programs  
( Prison Rape Elimination Act-PREA

- ( Medical Care  
( Religious Practices  
( Food Service

- ( General Classification Procedures  
( Telephone, Mail & Visiting Procedures  
( AIC Trust Accounts

(3-102)

**AIC's Name:** Luis Modesto Hernandez SID: 21941529 Cell: C9-104

Grievance: WCF 10-5-22 100pm I am receiving medication for my pain & suffer from injury here in MCC ASWucker. Please I am requesting that the medication co-pay and Bill for med in my trust account be taken care of, with RN Bobbie R. or Heather RN & Anthony DR look trust account. Remedies pay for AIC medical meds, BIA, OOT's etc as well.

AIC Signature: Luis Modesto Hernandez Date / Time: 10-05-22

Receiving Deputy Signature: W. Hook A307 # Date / Time: 10/5/22 1400

**Deputy's Response:**

The county looks at this at the time they process this downtown

Deputy's Signature: # 026 Date / Time: 10-12-22 0950

Acceptance of Resolution of Grievance: REFUSE Date / Time: 10-12-22 0950

AIC's SIGNATURE

**Supervisor's Review:**

What incident are you referring to? I see a fall that you had on 10-22-22? Or are you referring to a different date?

Date / Time Received: 10/22/22 0830

Supervisor's Signature: Smith # 832 Date / Time: 10/27/22 1300

Acceptance of Resolution of Grievance: REFUSE Date / Time: 10-11-22 1012

AIC's SIGNATURE

**Administrator's Review:**

Date / Time Received: 11/8/22 e, 0800

At this time we will not be reimbursing any funds related to this claim

Administrator's Signature: LM-26 A13 # Date / Time: 11/8/22 e, 1510

Date / Time: 11/8/22 e, 1510

Acceptance of Resolution of Grievance: REFUSE Date / Time: 11/8/22 0922 745

AIC's SIGNATURE

Date / Time: 11/8/22 0922 745

1/26/2022Medical  
-AIC Grievance Form- ES-102

seen Dr.

Modesto Luis Hernandez SID: 21941529

0/22/21

13

01/23/2022 - Over 3 mos. ago, I suffered a slip and fall at Delta Pot while working as a Pod Worker. During my accident, I sustained injuries to my right arm, shoulder, and leg - to include soreness and pain to my left testicle. To this date, I continue to experience daily pain to all those areas mentioned above. This incident has also caused me difficulty sleeping. I need to see a hospital DR.

01/20/2022 - As explained in previous medical kites and grievance while working at Delta Pot as a Pod Worker, I slipped and fell during my mopping duty. During my fall, I sustained serious injuries to my left arm, shoulder, leg, and left testicle. Also later that evening I felt an unusual discomfort in my left rib cage. So, it has been over three months now and the pain is continuous and deprives me from needed sleep.

I am requesting to be taken to the local hospital to be seen by a doctor to diagnose my symptoms. I am also hoping to be examined by use of an MRI. I do not want more pain medication, I want to be properly treated with the proper equipment. I do not want to end up with any permanent damage to my body. Please consider my request for medical attention outside the jail. I've already seen the jail doctor several times with the same answers of not having equipment to perform more comprehensive examination

1/26/2022 — Grievance return because we filled out the wrong section on the grievance. The reply was as follows:

I have been seen by the Marion County Jail doctor on several occasions with the same end result. The doctor has told me that the jail is not equipped to perform an in-depth examination of my injuries, thus I am requesting to be taken to an outside hospital or clinic doctor.

Please consider my request and make arrangements to have me seen by an outside doctor. I am very willing to pay for any medical services if the jail cannot pay.

I do not want to end up with permanent damage to my left side of the body. Thank you.

## Hope Orthopedics Of Oregon

1600 State St

Salem, OR 97301-4257

Phone: (503)540-6300

Fax: (503) 540-6404

Patient:

**Modesto Luis Hernandez**

Date of Birth:

07/24/1969

Date:

02/23/2022 12:49 PM

Visit Type:

Office Visit

Provider:

Sean Elliott ANP

Historian:

self

This 52 year old male presents for Left Left Shoulder / Right Shoulder.

## History of Present Illness

### 1. Left Left Shoulder / Right Shoulder

#### Subjective:

Modesto Luis Hernandez is a 52 year-old male here today for the left shoulder. This patient was kindly sent by Dr. Lance Loberg as a direct referral for orthopedic evaluation.

#### HISTORY OF PRESENT ILLNESS

Modesto Luis Hernandez is a 52-year-old gentleman who is incarcerated in the Marion County Jail. He states he was cleaning up his room in his cell and there was a wet floor and he ended up doing the splits 3 months ago. He states he fell backward and bumped his head and landed directly on his left shoulder. He had immediate pain in his left shoulder and left hip. He denies any previous problems with his hip or left knee. He denies any black and blue marks along his hip. He denies any previous problems with his left shoulder.

Starting with his hip, he states he had significant pain with ambulation the first week following the injury. It slowly improved. He feels a pain along the mid-hamstring region which is quite localized. This worsens when he walks, climbs up stairs, etc. He describes what he feels is like a tendon being pulled. He describes it as like a banjo string, which seems like it's moving mainly in the mid-hamstring region. He has been treated with anti-inflammatories and conservative treatment. He feels the pain has improved by about 50%. He rates his pain 4/10 which is mainly in the mid-hamstring of his left leg.

Concerning his left shoulder, he states he landed backward on his outstretched left arm. He denies any previous problems or trauma to his left shoulder. He feels 90% of the pain is along the anterior joint line. He states it feels like it has subluxed or moved, and he has to put it in a certain position in

order to get it to "pop back in." He notes he has had a mild loss of strength in his left shoulder. He states 90% of the pain is along the anterior joint line. It worsens with overhead motion. Pain is relieved with his arm at his side. He denies any neck issues, radicular symptoms, numbness, tingling, or paresthesia down his left upper extremity.

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.

### Past Medical History

Patient reported no relevant past medical/surgical history.

### Medication Reconciliation

Medications reconciled today.

Patient is on no medications.

### Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			

### Family History

Patient reports there is no relevant family history.

### Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria and Hematuria.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.

Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

## Vital Signs

### Height

Time	ft	in	cm	Last Measured	Height Position	Measured By
1:23 PM	5.0	5.00	165.10	02/23/2022	Standing	Jasmin SandovalVazquez

### Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m <sup>2</sup>	BSA m <sup>2</sup>	Measured By
1:23 PM	185.00		83.915	dressed without shoes	30.79		Jasmin SandovalVazquez

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:23 PM	158/100	sitting	right	arm	automatic	adult large	Jasmin SandovalVazquez

### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:23 PM	97.8	36.56	temporal	57	irregular		Jasmin SandovalVazquez

### Pain Scale

Time	Pain Score	Method	Measured By
1:23 PM	8/10	Numeric Pain Intensity Scale	Jasmin SandovalVazquez

### Exam:

Constitutional: In general, the patient is awake, alert, oriented x3, and in no acute distress.

Pleasant affect. Healthy male. He is in ankle chains and handcuffs.

Head: Normocephalic. Atraumatic.

Psychiatric: Behavior and conversation is appropriate.

Respiratory: Normal respiratory effort, talks in complete sentences, no use of accessory muscles.

Respirations even, unlabored.

Neck: Soft, supple with no adenopathy.

Abdomen: Mild central obesity.

Gait: Non-antalgic.

Left shoulder: Patient has mild tenderness over the anterior joint line and subacromial space. No tenderness over the AC joint or biceps tendon. 0 - 160 degrees active forward elevation. 0 - 160 degrees active abduction. 0 - 70 degrees active external rotation. Active internal rotation is L1 - Midscap. He has mild Hawkins and Neer tests. Negative O'Briens, Speeds, and hornblower. Shoulder apprehension is negative at 90 degrees of abduction and 90 degrees of external rotation. Supraspinatus 5/5. Infraspinatus 4/5. Subscapularis 5/5. Distal sensory is grossly intact. Skin is warm with good color, good capillary refill. Normal sensation to touch. No erythema, no sign of infection.

Left lower extremity: He has no pain in his groin. 30 degrees of internal rotation of the hip. 110 degrees of flexion. 60 degrees of external rotation. Negative FADIR, Patrick's, log roll, and quadriceps tests. Quadriceps 5/5. Hamstrings are dramatically different from the contralateral side. Left hamstrings: 4/5. Right hamstrings 5/5. He has moderate tenderness at the mid-hamstring region. I see no ecchymosis or swelling noted. He has mild tenderness over the insertion of his hamstring.

Left knee: No effusion. Full extension. 120 degrees of flexion. He has no tenderness along the patellofemoral region, medial joint line, or lateral joint line. No valgus or varus instability. Negative McMurray, figure four, and Lachman.

## **Joint Injection/Aspiration**

<b>Indication</b>	<b>Procedure</b>	<b>Summary</b>
Unspecified disorder of arthrocentesis major synovium and tendon, joint left shoulder		Site was prepped using alcohol. Left shoulder subacromial space injection was performed with ethyl chloride for anesthetic. A 22 gauge needle was used. Placement confirmed by manual palpation. Kenalog Injectable 40 mg (1 mL), Lidocaine 1% (4 mL) were injected. Pressure and adhesive sterile dressing used.

## **Comments**

The risks, benefits, and alternatives of steroid injection therapy were discussed with the patient. Risks include but are not limited to steroid flares, skin changes, tendon rupture, infection, blood sugar elevation, and allergic reaction. The patient understood and wished to continue. Allergies, past medical history, and medications were reviewed.

## **Diagnostics:**

### **Study**

Xray Shoulder 3 views Left shoulder

### **Result/Report**

02/23/2022: 3 views of the left shoulder at Hope Orthopedics of Oregon were ordered, taken, and reviewed by me. The images demonstrate the shoulder in normal alignment. Glenohumeral joint is well-preserved and well-seated. No significant glenohumeral arthritis. AC joint is intact. He

has mild AC arthritis. He has a grade 1 acromion with no significant spurring. No fracture or dislocation noted.

## Completed Orders (This Visit)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
	Dietary management education, guidance, and counseling						

## Assessment/Plan

#	Detail Type	Description
1.	Assessment Provider Plan	<p>Unspecified disorder of synovium and tendon, left shoulder (M67.912).            ICD-10 Codes:            &gt;&gt; M67.912 - Unspecified disorder of synovium and tendon, left shoulder            &gt;&gt; S76.312A - Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, initial encounter            &gt;&gt; E66.9 - Obesity, unspecified            &gt;&gt; Z68.30 - Body mass index [BMI] 30.0-30.9, adult            &gt;&gt; Z60.3 - Acculturation difficulty            &gt;&gt; Z65.1 - Imprisonment and other incarceration</p>

### E&M Code:

99204 with Modifier 25 (New patient, level 4)

### E&M Level Justification:

Moderate Level of Medical Decision Making based on the following categories:

#### Moderate Problem Complexity –

>> Moderate problem complexity based on the presence of complicated injury/illness on the basis of treatment option(s) associated with morbidity

#### Minimal Data Review –

>> Minimal data review with default justification

#### Moderate Risk of Complication –

>> Moderate risk assessed today based on decision regarding minor surgery with risk factors, diagnosis or treatment significantly limited by social determinants of health

### E&M Modifier Justification:

Modifier 25 was coded because during this same clinic visit as a procedure or service

identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E&M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed. The E&M Service may be prompted by the symptom or condition for which the procedure was provided. As such, different diagnoses are not required for reporting the E&M services on the same date. The circumstance may be reported by adding modifier 25 to the appropriate level of E&M service.

**CPT Codes:**

- >> 20610 with Modifier LT Shoulder (excluding AC joint) injection without ultrasound guidance (any substance)
- >> 73030 with Modifier LT Complete X-ray of left shoulder, minimum of 2 views
- >> 73552 with Modifier LT X-ray of left femur, minimum of 2 views
- >> 73590 with Modifier LT X-ray of left tibia and fibula, 2 views

**HCPCS Codes:**

- >> Anesthetics are considered bundled into the procedure and not billed separately - 0.
- Lidocaine (4 cc 1%)
- >> J3301 - 4 units. Kenalog (40 mg)

2. Assessment	Strain of fascia of the post muscle group at thigh level of lt thigh, initial encounter (S76.312A).
3. Assessment	Obesity, unspecified (E66.9).
4. Assessment	Acculturation difficulty (Z60.3).
5. Assessment	Imprisonment and other incarceration (Z65.1).
6. Assessment Plan Orders	Body mass index (BMI) 30.0-30.9, adult (Z68.30). Today's instructions / counseling include(s) Dietary management education, guidance, and counseling.

**Assessment:**

1. Rotator cuff dysfunction, left shoulder
2. History of unwitnessed subluxations, left shoulder
3. Chronic left shoulder pain
4. Hamstring sprain, left leg

**Plan:**

I suspect that he tore his hamstring on his left lower extremity. It has been 3 months and his pain has improved, but he is still continuing to have symptoms. I would recommend an MRI to look for a full-thickness tear of his hamstring.

Concerning his left shoulder, I think most of his problem is impingement in his left shoulder. I would recommend trying a subacromial injection before further imaging. Consent signed and procedure

explained. Skin was prepped with alcohol and ethyl chloride. We injected 4 CCs of Lidocaine with 40 mg of Kenalog into the posterior subacromial space. He tolerated the procedure well.

Recommendations sent to jail for further imaging of his left lower extremity.

Today's elevated BMI instructions/counseling includes dietary management education, guidance, and counseling.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

#### SOCIAL FACTORS

Patient reported today the following factors that may influence their accessibility to care:

1. The patient is unable to communicate with the provider without a translator present.
2. The patient is currently incarcerated in the Marion County Jail.

This note was generated for Sean Elliott, NP using the Robin service.

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#### Provider

Electronically signed by:

Elliott, Sean 02/28/2022 10:11 AM

Document generated by: Megan Kaplan 02/28/2022 10:11 AM

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Electronically signed by Sean Elliott ANP on 03/01/2022 10:19 AM

**Hope Radiology**

1600 State St

Salem, OR 97301-4257

Phone: (503)540-6376

Fax: (503) 540-6404

Date: 02/23/2022 12:49 PM  
 Patient: Modesto Luis Hernandez  
 Date of Birth: 07/24/1969  
 Gender: Male  
 Provider: Sean Elliott ANP  
 Primary Payer:  
 Policy Number:  
 Secondary Payer:  
 Policy Number:

**The following diagnostic studies were indicated:**

<b>Dx./Indication</b>	<b>Study</b>	
Pain of left leg	Xray Femur 2 views Left Femur Left Tibia/Fibula	02/23/2022: 2 views of the left femur at Hope Orthopedics of Oregon were ordered, taken, and reviewed by me. The images demonstrate the femur in anatomic position. No fracture or dislocation is noted. No significant arthritis is appreciated.
Pain of left leg	Xray Tibia And Fibula 2 Views Left Tibia/Fibula	Impression: Normal x-ray for age 02/23/2022: 2 views of the left tibia and fibula at Hope Orthopedics of Oregon were ordered, taken, and reviewed by me. The images demonstrate the ankle in normal alignment. Ankle mortise is intact with no diastasis. Medial clear space is less than 2 mm. The knee is in normal alignment. Well-preserved medial and lateral joint spaces. No fracture or dislocation noted.
Pain in left shoulder	Xray Shoulder 3 views Left shoulder	Impression: Normal tib-fib x-ray 02/23/2022: 3 views of the left shoulder at Hope Orthopedics of Oregon were ordered, taken, and reviewed by me. The images demonstrate the shoulder in normal alignment. Glenohumeral joint is well-preserved and well-seated. No significant glenohumeral arthritis. AC joint is intact. He has mild AC arthritis. He has a grade 1 acromion with no significant spurring. No fracture or dislocation noted.

**Provider**

Electronically signed by:  
Elliott, Sean 02/24/2022 12:11 PM

Document generated by: Ella OverfieldLam 02/24/2022

Electronically signed by Sean Elliott ANP on 02/28/2022 09:48 AM

## Hope Orthopedics Of Oregon

1600 State St  
Salem, OR 97301-4257  
Phone: (503)540-6300  
Fax: (503) 540-6404

Patient: **Modesto Luis Hernandez**  
Date of Birth: 07/24/1969  
Date: 03/30/2022 1:30 PM  
Visit Type: Office Visit  
Provider: Sean Elliott ANP  
Historian: self

This 52 year old male presents for RC Left Shoulder.

## History of Present Illness

### 1. RC Left Shoulder

#### Subjective:

Modesto Hernandez is a 52 year-old gentleman who is currently incarcerated in the Marion County Jail. He was previously seen on 02/23/2022 for a suspected complete left hamstring tear as well as a rotator cuff tear of his left shoulder. He denies any previous problems with either of these prior to his injury.

Concerning his left shoulder, we gave him a subacromial injection at our visit on 02/23/2022. He states it was quite effective. It reduced his pain by at least half and he regained some motion. He still occasionally feels pain along his lateral shoulder. He describes it as a sharp, stabbing pain that radiates to his elbow. It worsens with external rotation in abduction.

Concerning his left hamstring, he states this too is improved. He feels pain about 4 to 5 cm from the insertion of his ischial tuberosity. It is aggravated by heavy exercise and running. He states he is about 50% better from when his injury occurred.

#### DIAGNOSTIC STUDIES

03/17/2022: Left hamstring MRI at Hope Orthopedics of Oregon was reviewed by me. The left hamstring shows a common hamstring complex tendon avulsed from the ischial origin and is retracted distally by 4 cm. Moderate fat atrophy semimembranosus, semitendinosus, and biceps femoris muscles. No other abnormality is noted.

The formal radiology report reads as follows:

1. Common hamstring complex tendon: Avulsed from the ischial tuberosity origin and is retracted distally by 4 cm. Moderate fatty atrophy semimembranosus, semitendinosus and biceps femoris muscles.

03/17/2022: Left shoulder MRA at Hope Orthopedics of Oregon was reviewed by me.

The formal radiology report reads as follows:

1. Rotator cuff tendon complex: Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.
2. AC joint: Mild osteoarthritis.
3. Glenohumeral joint complex: Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality anterior inferior glenoid with loss of articular cartilage and cortical irregularities.

Imaging studies reviewed and documented today were performed in-house but were originally read by a provider under a different specialty.

#### SOCIAL FACTORS:

Patient reported today the following factors that may influence their accessibility to care:

- He is unable to communicate with the provider without a translator present.
- He is currently incarcerated at Marion County Jail.

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#### ROS:

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.

#### Past Medical History (Detailed)

Patient reported no relevant past medical/surgical history.

#### Medication Reconciliation

Medications reconciled today.

Patient is on no medications.

#### Allergies:

Ingredient

Reaction (Severity)

Medication

Name

NO KNOWN

ALLERGIES

Reviewed, no changes.

## Family History

(Detailed)

Patient reports there is no relevant family history.

## Social History (Detailed)

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

## Vital Signs

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:52 PM	137/85	sitting	right	arm	automatic	adult large	Jasmin SandovalVazquez

### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:52 PM				50	regular		Jasmin SandovalVazquez

### Pain Scale

Time	Pain Score	Method	Measured By
1:52 PM	7/10	Numeric Pain Intensity Scale	Jasmin SandovalVazquez

### Exam:

Constitutional: In general, the patient is awake, alert, oriented x3, and in no acute distress.

Pleasant affect. Healthy male.

Head: Normocephalic. Atraumatic.

Psychiatric: Behavior and conversation is appropriate.

Respiratory: Normal respiratory effort, talks in complete sentences, no use of accessory muscles.

Respirations even, unlabored.

Neck: Soft, supple with no adenopathy. No cervical tenderness. Spurling is negative bilaterally.

Abdomen: Soft, nondistended.

Left shoulder: Tenderness over the greater tuberosity and anterior joint line. No tenderness over the AC joint. 0 - 170 degrees active forward elevation. 0 - 170 degrees active abduction with a mild painful arc between 110 and 130 degrees. 0 - 90 degrees active external rotation. Active internal rotation L1 - midscap. Moderate Hawkins. Positive Neer. Negative Speed's and O'Brien's. Supraspinatus 4/5. Infraspinatus 5/5. Subscapularis 4/5. Distal sensory is grossly intact. Skin is warm with good color, good capillary refill. No erythema, no sign of infection.

Left hamstring: No significant skin changes. No significant tenderness along the ischial tuberosity or hamstring tendon. Straight leg raise is negative. Cross leg raise is negative. Hamstring strength 4/5 on the left and 5/5 on the right. Quad 5/5. Distal sensory is grossly intact.

## Assessment/Plan

#	Detail Type	Description
1.	Assessment Provider Plan	Strain of musc/tend the rotator cuff of left shoulder, init (S46.012A). E&M Code:

99215 (no Modifiers) (Established patient, level 5)

This visit was coded at a level 5 based on total time spent with the patient. This visit was 40 mins, which includes face-to-face time spent personally examining, counseling, and educating the patient and non-face-to-face time spent reviewing prior documentation, ordering any discussed plan items, and documenting relevant clinical information.

ICD-10 Codes:

>> S46.012A - Strain of muscle(s) and tendon(s) of the rotator cuff of left shoulder, initial encounter

>> M24.112 - Other articular cartilage disorders, left shoulder

>> M19.012 - Primary osteoarthritis, left shoulder

>> M95.8 - Other specified acquired deformities of musculoskeletal system

>> S76.312A - Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, initial encounter

>> Z65.1 - Imprisonment and other incarceration

>> Z60.3 - Acculturation difficulty

2. Assessment Other articular cartilage disorders, left shoulder (M24.112).

3. Assessment Primary osteoarthritis, left shoulder (M19.012).

4. Assessment Oth acquired deformities of musculoskeletal system (M95.8).

5. Assessment Strain of msl/fasc/tnd post grp at thi lev, left thigh, init (S76.312A).

6. Assessment Imprisonment and other incarceration (Z65.1).
7. Assessment Acculturation difficulty (Z60.3).

**Assessment:**

1. Rotator cuff tear, subscapularis
2. Degenerative labral tear, left shoulder
3. Osteoarthritis, glenohumeral joint
4. Osteochondral defect, left shoulder
5. Complete hamstring tear, proximal ischial tuberosity

**Plan:**

Due to the atrophy and significant retraction of his hamstring tendon, I do not feel that this is amenable to surgery. I told the patient, however, I am not a surgeon, and if he is still struggling with pain and symptoms in his hamstring that it might be reasonable to get a second opinion from a sports medicine surgeon to see if pursuing this type of surgery would even be worth it.

Concerning his left shoulder, he states he has moderately improved. He is managing well with how his situation is now. We discussed physical therapy and glenohumeral injection for treatments. If he fails all of these, he might be a good candidate for rotator cuff repair surgery.

We will schedule him for routine follow up with Dr. Elkin for a chronic hamstring tear.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

This note was generated for Sean Elliott, NP using the Robin service.

**Provider**

Electronically signed by:

Elliott, Sean 04/11/2022 5:04 PM

Document generated by: Megan Kaplan 04/11/2022 05:04 PM

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Electronically signed by Sean Elliott ANP on 04/26/2022 02:58 PM

**Secure**

Phone:

Fax:

Patient: **Modesto Luis Hernandez**  
Date of Birth: 07/24/1969  
Date: 05/02/2022 1:30 PM  
Visit Type: Office Visit  
Provider: Sean Elliott ANP  
Historian: self

This 52 year old client presents for RC L SHOULDER AND LEG.

## **History of Present Illness**

### **1. RC L SHOULDER AND LEG**

#### **Subjective:**

Modesto Luis Hernandez is a 52 year-old gentleman who is here for recheck of his left hamstring as well as his left shoulder. As stated previously, the patient is incarcerated at Marion County Jail. He states he was cleaning up his cell and there was a wet floor and he ended up doing the splits. This was around the end of December 2021. He fell backwards and landed directly on his left shoulder. He has had significant pain in his left hamstring area and left shoulder since.

We gave patient a left subacromial injection on 02/24/2022 which was effective. He states that it reduced his pain by about 50%. Our plan on 03/30/2022 was to refer him to the sports medicine team to discuss conservative versus surgical options for his left hamstring as well as his shoulder. Unfortunately, the referral never happened and he is back in my office.

He states his hamstring is better. He states he is able to walk and sit with minimal pain. He still feels quite weak in his left hamstring region going from a sitting to a standing position as well as when running. He states the majority of the pain is 4 to 5 inches distal to his ischial tuberosity in the mid-hamstring region. He rates his pain 4/10.

Concerning his left shoulder, he states he has considerable popping and catching. He states when he shrugs his shoulders, he feels significant pain in the anterior aspect of his shoulder. He states he has moderate pain with overhead motions. he rates his pain 6/10. He does note some weakness as far as lifting with his left shoulder. He is right hand dominant. He is currently incarcerated at Marion County Jail. He states his occupation is a welder on the street.

03/30/2022 HPI: Modesto Hernandez is a 52 year-old gentleman who is currently incarcerated in the Marion County Jail. He was previously seen on 02/23/2022 for a suspected complete left hamstring tear as well as a rotator cuff tear of his left shoulder. He denies any previous problems with either of these prior to his injury.

Concerning his left shoulder, we gave him a subacromial injection at our visit on 02/23/2022. He states it was quite effective. It reduced his pain by at least half and he regained some motion. He still occasionally feels pain along his lateral shoulder. He describes it as a sharp, stabbing pain that radiates to his elbow. It worsens with external rotation in abduction.

Concerning his left hamstring, he states this too is improved. He feels pain about 4 to 5 cm from the insertion of his ischial tuberosity. It is aggravated by heavy exercise and running. He states he is about 50% better from when his injury occurred.

#### DIAGNOSTIC STUDIES

03/17/2022: Left hamstring MRI at Hope Orthopedics of Oregon was reviewed by me. The left hamstring shows a common hamstring complex tendon avulsed from the ischial origin and is retracted distally by 4 cm. Moderate fat atrophy semimembranosus, semitendinosus, and biceps femoris muscles. No other abnormality is noted.

The formal radiology report reads as follows:

1. Common hamstring complex tendon: Avulsed from the ischial tuberosity origin and is retracted distally by 4 cm. Moderate fatty atrophy semimembranosus, semitendinosus and biceps femoris muscles.

---

03/17/2022: Left shoulder MRA at Hope Orthopedics of Oregon was reviewed by me.

The formal radiology report reads as follows:

1. Rotator cuff tendon complex: Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.
2. AC joint: Mild osteoarthritis.
3. Glenohumeral joint complex: Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments. Osteochondral abnormality anterior inferior glenoid with loss of articular cartilage and cortical irregularities.

#### SOCIAL FACTORS:

Patient reported today the following factors that may influence their accessibility to care: He is currently incarcerated at the Marion County Jail.

#### ROS:

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.

**Past Medical History**

Patient reported no relevant past medical/surgical history.

**Medications (active prior to today)**

Patient is on no medications.

**Medication Reconciliation**

Medications reconciled today.

Patient is on no medications.

**Allergies:**

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			

**Family History**

Patient reports there is no relevant family history.

**Review of Systems**

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

## Vital Signs

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:40 PM	146/95	sitting	right	arm	automatic	adult large	Jasmin SandovalVazquez

### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:40 PM				52	irregular		Jasmin SandovalVazquez

### Pain Scale

Time	Pain Score	Method	Measured By
1:40 PM	5/10	Numeric Pain Intensity Scale	Jasmin SandovalVazquez

### Exam:

Constitutional: In general, the patient is awake, alert, oriented x3, and in no acute distress.

Pleasant affect. Healthy male. He is handcuffed at his wrists and his ankles.

Head: Normocephalic. Atraumatic.

Neck: Soft, supple with no adenopathy.

Psychiatric: Behavior and conversation is appropriate.

Respiratory: Normal respiratory effort, talks in complete sentences, no use of accessory muscles.

Respirations even, unlabored.

Abdomen: Soft, nondistended.

Gait: He ambulate briskly with no evidence of antalgic gait. He is able to get up from his chair to the table without any difficulties or assistance.

Left shoulder: Patient has significant tenderness along the anterior joint line and greater tuberosity. No tenderness over the AC joint or biceps tendon. 0 - 160 degrees active forward elevation. 0 - 130 degrees active abduction with painful arc. 0 - 90 degrees active external rotation. Active internal rotation L1-midscap. Mildly positive Hawkins. Negative Neer and Jobe's tests. Positive O'Brien's. Supraspinatus 5/5. Infraspinatus 5/5. Subscapularis 4/5. Negative for shoulder apprehension. Skin is warm with good color, good capillary refill. Distal sensory is grossly intact to left upper extremity. No erythema, no sign of infection.

Left hamstring region: Patient has point tenderness along the ischial tuberosity as well as proximal hamstring, mainly in the mid region. There is no ecchymosis or swelling noted. He is able to take his foot to his gluteal region without difficulty. Hamstring strength against resistance 3/5. Patient has no sciatica and has normal sensation of his left lower extremity below the knee. Gastroc 5/5. Extensor hallucis 5/5.

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Strain of fascia of the post muscle group at thigh level of lt thigh, subsequent encounter

Provider Plan	(S76.312D). E&M Code: 99214 (no Modifiers) (Established patient, level 4) Moderate Level of Medical Decision Making based on the following categories: Moderate Problem Complexity — >> Moderate problem complexity based on 1+ chronic illnesses with exacerbation Minimal Data Review — >> Minimal data review based on default justification Moderate Risk Of Complication — >> Moderate risk of complication based on diagnosis or treatment significantly limited by social determinants of health ICD-10 Codes: >> S76.312D - Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, subsequent encounter >> M79.605 - Pain in left leg >> G89.29 - Other chronic pain >> S46.812D - Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, subsequent encounter >> M19.012 - Primary osteoarthritis, left shoulder >> M24.112 - Other articular cartilage disorders, left shoulder >> M95.8 - Other specified acquired deformities of musculoskeletal system >> Z65.1 - Imprisonment and other incarceration
2.	Assessment Pain in left leg (M79.605).
3.	Assessment Other chronic pain (G89.29).
4.	Assessment Strain of musc/fasc/tend at shldr/up arm, left arm, subs (S46.812D).
5.	Assessment Primary osteoarthritis, left shoulder (M19.012).
6.	Assessment Other articular cartilage disorders, left shoulder (M24.112).
7.	Assessment Oth acquired deformities of musculoskeletal system (M95.8).
8.	Assessment Imprisonment and other incarceration (Z65.1).

**Assessment:**

1. Complete hamstring tear at ischial origin, chronic
2. Chronic left hamstring pain
3. Rotator cuff tear, subscapularis
4. Osteoarthritis, glenohumeral region
5. Degenerative anterior and superior labral tears
6. Osteochondral defect, glenoid

**Plan:**

I wished to refer him to a surgeon much earlier than this. He is almost six months out from a complete hamstring tear. My gut feeling is he would have significant problems going through surgery now as far as the rehab process. I don't even know if this viable. I would like to refer him to Dr. Elkin for a second opinion. My personal opinion is I think he needs to do conservative management for his hamstring and avoid surgery if possible.

Concerning his left shoulder, we talked about a glenohumeral injection of his left shoulder. We talked about physical therapy for his left shoulder as well as surgery. Patient states he works in a manual labor job and wants this fixed. He would like to discuss possible surgery with a surgeon. I will refer him to Dr. Elkin for this also. We will avoid giving him a glenohumeral injection in case surgery is necessary. All questions were answered.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

This note was generated for Sean Elliott, NP using the Robin service.

## Provider

Electronically signed by:

Elliott, Sean 05/03/2022 9:14 AM

Document generated by: Charity Haddix 05/03/2022 09:14 AM

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**Electronically signed by Sean Elliott ANP on 05/09/2022 11:42 AM**

## Hope Orthopedics Of Oregon

1600 State St

Salem, OR 97301-4257

Phone: (503)540-6300

Fax: (503) 540-6404

Patient:

**Modesto Luis Hernandez**

Date of Birth:

07/24/1969

Date:

05/17/2022 1:28 PM

Visit Type:

Office Visit

Provider:

Daniel M. Elkin MD

Historian:

self

This 52 year old client presents for ENP LEFT SHOULDER.

## History of Present Illness

### 1. ENP LEFT SHOULDER

#### Subjective:

Modesto Luis Hernandez is a 52-year-old right hand dominant male presenting for evaluation of his left shoulder and left hamstring. He had an acute injury in December 2021 when he was mopping up his cell and slipped on water, did the splits and injured his left hamstring, then landed back onto his left shoulder which resulted in pain.

He has been seeing Sean Elliott, ANP who has been treating him. He ordered an MRI for the left hamstring and left shoulder. The left shoulder has a known rotator cuff tear, bicep tear, and labral tears. The left hamstring has a known hamstring tear. Sean recommended conservative management of the hamstring since he is 6 months post-injury and referred him to me to discuss surgery options for the left shoulder.

Today, he reports left shoulder pain and rates it 5/10. His pain is located on the anterior shoulder. He reports he feels noise in his shoulder. He has been treating this conservatively with a cortisone injection on 02/23/2022 into the subacromial space which gave him mild relief for a short period of time. He also tried resting and giving it time.

#### PATIENT HISTORY:

-Obesity

#### ROS:

Relevant records were reviewed in preparation for the visit (ROS, PSFH, and available EMR charts), and relevant findings were incorporated into the history of present illness.

## Problem List

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Impingement syndrome, shoulder, left		N		
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder		N		
Traumatic partial tear of left biceps tendon, subsequent encounter		N		
Full thickness tear of left subscapularis tendon, subsequent encounter		N		

## Past Medical History (Detailed)

## Medications (active prior to today)

Patient is on no medications.

## Medication Reconciliation

Medications reconciled today.

## Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			
Reviewed, no changes.			

## Family History

(Detailed)

## Social History (Detailed)

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

## Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

## Vital Signs

### Height

Time	ft	in	cm	Last Measured	Height Position	Measured By
1:39 PM	5.0	4.00	162.56	05/17/2022	Standing	Sarah Clark

### Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m <sup>2</sup>	BSA m <sup>2</sup>	Measured By
1:39 PM	191.00		86.636	dressed with shoes	32.78		Sarah Clark

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:39 PM	169/104	sitting	left	arm	automatic	adult large	Sarah Clark

### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:39 PM	97.7	36.50	temporal	65	regular		Sarah Clark

### Pain Scale

Time	Pain Score	Method	Measured By
1:39 PM	5/10	Numeric Pain Intensity Scale	Sarah Clark

#### Exam:

##### LEFT SHOULDER EXAM

Inspection: patient is in no distress. Alert and oriented to time and place. Breathing is unlabored.

There is no visible swelling, ecchymosis, skin lesions, scapular winging, or muscle atrophy present.

Palpation: No focal tenderness to palpation about the anterior over the AC joint, or posteriorly. Positive bicep tenderness. No crepitus.

Neurovascular: Distally patient has palpable 2+ radial pulse. Sensation is normal in axillary, median, ulnar, and radial nerve distributions.

#### Range of Motion:

Forward flexion active: 160 degrees

Forward flexion passive: 165 degrees

Abduction: 90 degrees

External rotation at the side: 45 degrees

External rotation in abduction: 90 degrees

Internal rotation: T12

#### Strength:

Scaption: 5/5

Internal rotation: 4/5

External rotation: 5/5

#### Special Tests:

Lift-off test: Positive

##### LEFT HIP EXAM

Inspection: patient is in no distress. Alert and oriented to time and place. Breathing is unlabored.

There is no visible swelling, ecchymosis, skin lesions, or muscle atrophy. Normal non-antalgic gait. Leg lengths are grossly equal.

Palpation: No tenderness to palpation about the symphysis pubis, adductors, greater trochanter, or buttocks. Proximal hamstring tenderness.

Neurovascular: Distally patient has palpable 2+ pulses. Sensation is intact and normal in all distributions in the thigh, leg, and foot.

#### Strength:

Hamstrings: weakness with activation

#### DIAGNOSTIC STUDIES:

03/17/2022: Left hamstring MRI report at Hope Orthopedics of Oregon was reviewed by me.

The formal radiology report reads as follows:

1. Common hamstring complex tendon: Avulsed from the ischial tuberosity origin and is retracted distally by 4 cm. Moderate fatty atrophy semimembranosus, semitendinosus and biceps femoris muscles.

03/17/2022: Left shoulder MRA report at Hope Orthopedics of Oregon was reviewed by me.

The formal radiology report reads as follows:

1. Rotator cuff tendon complex: Moderate severity supraspinatus and infraspinatus tendinopathy. Advanced fatty atrophy teres minor muscle. Subscapularis tendon severely attenuated lateral 2.5 cm secondary to near complete partial-thickness articular surface tearing.

2. AC joint: Mild osteoarthritis.

3. Glenohumeral joint complex: Long head of biceps tendon mildly medially subluxed with tendinopathy. Diffuse complex tearing of the superior and anterior labral segments.

Osteochondral abnormality anterior inferior glenoid with loss of articular cartilage and cortical irregularities.

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Strain of musc/fasc/tend at shldr/up arm, left arm, init (S46.812A).
	Provider Plan	<p>E&amp;M Code: 99214 (no Modifiers) (Established patient, level 4)</p> <p>Moderate Level of Medical Decision Making based on the following categories:</p> <p>Moderate Problem Complexity —</p> <p>&gt;&gt; Moderate problem complexity based on complicated or worsening problem associated with surgical intervention</p> <p>Limited Data Review —</p> <p>&gt;&gt; Limited data review based on 2 diagnostic test(s) reviewed/ordered</p> <p>High Risk Of Complication —</p> <p>&gt;&gt; High risk of complication based on decision regarding major surgery with risk factors</p> <p>ICD-10 Codes:</p> <p>&gt;&gt; S46.812A - Strain of other muscles, fascia and tendons at shoulder and upper arm level, left arm, initial encounter</p> <p>&gt;&gt; S46.212A - Strain of muscle, fascia and tendon of other parts of biceps, left arm, initial encounter</p> <p>&gt;&gt; S76.312D - Strain of muscle, fascia and tendon of the posterior muscle group at thigh level, left thigh, subsequent encounter</p> <p>&gt;&gt; Z60.3 - Acculturation difficulty</p> <p>&gt;&gt; Z65.1 - Imprisonment and other incarceration</p> <p>&gt;&gt; E66.9 - Obesity, unspecified</p> <p>&gt;&gt; Z68.32 - Body mass index [BMI] 32.0-32.9, adult</p>
2.	Assessment	Strain of fascia of other part of biceps of left arm, initial encounter (S46.212A).
3.	Assessment	Strain of fascia of the post muscle group at thigh level of lt thigh, subsequent encounter (S76.312D).
4.	Assessment	Acculturation difficulty (Z60.3).

5. Assessment Imprisonment and other incarceration (Z65.1).
6. Assessment Obesity, unspecified (E66.9).
7. Assessment Body mass index [BMI] 32.0-32.9, adult (Z68.32).

**Assessment:**

1. Left shoulder subscapularis tear
2. Left shoulder bicep tear
3. Left hamstring tear

**Plan:**

I reviewed the diagnosis as well as the treatment plan. Since it has been so long since the injury, the hamstring is not something that is likely repairable. There is some atrophy and I do not believe we would be able to fix it. However, I discussed that his leg function can still be normal without that tendon in his leg. He should strengthen the hamstring and I showed him how to do this with laying on his belly. My recommendation would be to send him to physical therapy for the left hamstring and he is in agreement with this plan.

In regards to his shoulder, I recommend fixing his rotator cuff tear and bicep tear with an arthroscopy. He is in agreement with this plan.

-Conservative treatments he has tried and failed include cortisone injections and time.

We discussed surgery as an appropriate treatment course and the patient elected to proceed. We discussed possible risks of left arthroscopic rotator cuff repair and biceps tenodesis which include, but are not limited to: allergic reactions to anesthesia, postoperative infection, stiffness, swelling, blood clots, continued pain, and in some severe cases osteonecrosis or rapid deterioration of surrounding cartilage.

I reviewed the postoperative recovery process including wearing a sling and going to physical therapy.

Patient reports today the following factors that may influence their accessibility to care: The patient resides at Marion County Jail. Secondly, the patient is Spanish speaking and therefore a Spanish-English interpreter was present during the encounter today.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

This note was generated for Daniel Elkin, MD using the Robin service.

**Provider**

**Electronically signed by:**

**Elkin, Daniel M 05/18/2022 7:47 AM**

*Document generated by: Ana Navarro 05/18/2022 07:47 AM*

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**Electronically signed by Daniel M. Elkin MD on 05/18/2022 01:55 PM**

**Hope Orthopedics Of Oregon**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6300  
 Fax: (503) 540-6404

Patient:

**Modesto Luis Hernandez**

Date of Birth:

07/24/1969

Date:

07/12/2022 2:18 PM

Visit Type:

Pre-Operative Visit

Provider:

Yon Gomez PA-C

Historian:

self

This 52 year old client presents for left shoulder Pain.

**History of Present Illness****1. left shoulder Pain****Subjective:**

52-year-old male who presents today for preoperative evaluation of his left shoulder. Patient is scheduled to undergo a left shoulder arthroscopy, rotator cuff repair, subacromial decompression, extensive debridement, biceps tenodesis on 07/19/2022.

Today patient rates his pain as a 6/10. Patient reports no significant changes to the shoulder since last examination.

**Problem List**

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Impingement syndrome, shoulder, left		N		
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder		N		
Traumatic partial tear of left biceps tendon, subsequent encounter		N		
Full thickness tear of left subscapularis		N		

tendon, subsequent encounter

### **Past Medical History (Detailed)**

Patient reported no relevant past medical/surgical history.

### **Medication Reconciliation**

Medications reconciled today.

Patient is on no medications.

### **Allergies:**

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			

### **Family History**

(Detailed)

Patient reports there is no relevant family history.

### **Social History (Detailed)**

Tobacco use reviewed.

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

### **Tobacco Screening**

Patient has never used tobacco. Patient has not used tobacco in the last 30 days. Patient has not used smokeless tobacco in the last 30 days.

### **Smoking Status**

Type	Smoking Status	Usage Per Day	Years Used	Pack Years	Total Pack Years
	Never smoker				

## Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

## Vital Signs

### Height

Time	ft	in	cm	Last Measured	Height Position	Measured By
2:45 PM	5.0	3.50	161.29	07/12/2022	Standing	Erin Howard

### Weight/BSA/BMI

Time	lb	oz	kg	Context	BMI kg/m <sup>2</sup>	BSA m <sup>2</sup>	Measured By
2:45 PM	190.00		86.183		33.13		Erin Howard

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
2:45 PM	126/78	standing	right	arm	manual	adult large	Erin Howard

### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
2:45 PM	97.3	36.28	temporal	64			Erin Howard

### Pain Scale

Time	Pain Score	Method	Measured By
2:45 PM	6/10	Numeric Pain Intensity Scale	Erin Howard

**Exam:**

On physical exam patient is in no distress. Alert and oriented to time and place. Breathing is unlabored.

**Respiratory:** Chest clear. Even and unlabored. Clear to Auscultation. Non-labored breathing and no audible wheezing

**Cardiovascular:** Regular heart rate and rhythm. No audible murmurs or extra sounds.

**Left shoulder exam:**

**Inspection:** There is no visible swelling, ecchymosis, skin lesions, scapular winging, or muscle atrophy present.

**Palpation:** No focal tenderness to palpation about the bicipital groove, anterior over the AC joint, or posteriorly.

**Neurovascular:** Distally patient has palpable 2+ radial pulse. Sensation is normal in axillary, median, ulnar, and radial nerve distributions.

**Range of Motion:**

Forward flexion: 170

Abduction: 90

External rotation in abduction: 90

External rotation at the side: 60

Internal rotation: T10

**Muscle strength is:**

5/5 in scaption

5/5 external rotation

4/5 internal rotation

**Indication/Type of Treatment:**

Indication	Type of Treatment	Side	Region	Initial Treatment Date	Global Days	Status
Impingement syndrome, shoulder, left	Arthscopy shldr decompression	Left	Shoulder	07/19/2022		scheduled
Full thickness tear of left subscapularis tendon, subsequent encounter	Arthroscopic Rotator Cuff Repair	Left	Shoulder	07/19/2022		scheduled
Traumatic partial tear of left biceps tendon, subsequent encounter	ARTROSCOPY BICEPS Left TENODESIS		Shoulder	07/19/2022		scheduled
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder	Extensive debridement	Left	Shoulder	07/19/2022		scheduled

**Clinical Assessment:**

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Encounter for other preprocedural examination (Z01.818).

### Assessment:

1. Left shoulder subscapularis tear

### Plan:

Pre-operative instructions were discussed with the patient. Patient is part of the Marion County's Sheriffs Office and will be provided support post-operatively while in the facility.. Oxycodone was recommended for post-operative pain management. A sling was fitted for the patient today to wear post-operatively. He would like to proceed with a left shoulder arthroscopy, rotator cuff repair, subacromial decompression, extensive debridement, biceps tenodesis as scheduled. Documents outlining pre and post-procedural guidelines were also discussed.

We discussed the risks, benefits, and alternatives to surgery. Risks include but are not limited to: infection, bleeding, stiffness, nerve damage, continued pain, arthritis, blood clots, breathing problems, death, anesthesia complications, and failure to return to premorbid level of activity. We reviewed the rehabilitation process and post-operative course as well. The patient had the opportunity to ask questions, which were answered.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

Yon Gomez, PA-C for attending physician, Daniel Elkin, MD

## Provider

Electronically signed by:

Gomez, Yon 07/14/2022 8:56 AM

Document generated by: Yon Gomez 07/14/2022 08:56 AM

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Electronically signed by Yon Gomez PA-C on 07/14/2022 10:11 AM

**Willamette Surgery Center PC**  
 1445 State Street, Salem, OR 97301  
 503-365-3965

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**OPERATIVE NOTE**

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**PATIENT:** Modesto Luis Hernandez  
**DATE OF BIRTH:** 07/24/1969  
**ENCOUNTER DATE:** 07/19/2022 7:30 AM  
**SURGEON:** Daniel M. Elkin MD

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<b>PREOPERATIVE DIAGNOSIS:</b>	<ol style="list-style-type: none"> <li>1. Left shoulder rotator cuff tear of subscapularis</li> <li>2. Left shoulder degenerative labral fraying</li> <li>3. Left shoulder biceps tendon tear proximal</li> <li>4. Left shoulder superior labrum anterior-posterior tear</li> </ol>
<b>POSTOPERATIVE DIAGNOSIS:</b>	<ol style="list-style-type: none"> <li>1. Left shoulder rotator cuff tear of subscapularis</li> <li>2. Left shoulder degenerative labral fraying</li> <li>3. Left shoulder biceps tendon tear proximal</li> <li>4. Left shoulder superior labrum anterior-posterior tear</li> </ol>
<b>PROCEDURE:</b>	<ol style="list-style-type: none"> <li>1. Left shoulder arthroscopic rotator cuff repair</li> <li>2. Arthroscopic biceps tenodesis</li> <li>3. Extensive debridement</li> </ol>
<b>ASSISTANT:</b>	Yon Gomez, P.A.-C
<b>ANESTHESIA:</b>	LMA with interscalene nerve block per Dr. Lloyd
<b>SPECIMENS:</b>	None
<b>EBL:</b>	Minimal
<b>COMPLICATIONS:</b>	None
<b>POSTOP CONDITION:</b>	Stable to recovery

**INDICATIONS:** The patient is a 52-year-old gentleman with the above diagnoses. He failed conservative treatment. He continues to have pain refractory to conservative measures and therefore was indicated for the above procedure.

**DESCRIPTION OF PROCEDURE:** The patient was seen in preoperative holding. Consent was verified. The risks, benefits and alternatives were discussed and the patient wished to proceed. The left shoulder was marked by myself and the patient. The patient was brought to the OR and induced with the above anesthesia. The patient was placed in the lateral decubitus position. All bony prominences were padded. The left upper extremity was prepped and draped in the usual sterile fashion. A surgical time-out was called identifying the left side as the correct side. This correlated with preoperative imaging, markings on the patient and the consent form.

At this point, we began diagnostic arthroscopy from the posterior portal of the glenohumeral joint. The humeral head and glenoid cartilage were intact. There was degenerative labral fraying anteriorly. There was significant scar tissue about the rotator interval. There was a full thickness tear of the subscapularis without retraction. The biceps tendon was medially subluxated and there was significant tearing of the superior labrum at the bicipital attachment.

At this point, an anterior working portal was established. The rotator interval tissue was cleared using the RF device as well as a motorized shaver. The subcoracoid space was developed. There was no subcoracoid impingement. We performed an extensive debridement of the degenerative labral tissue as well as the capsular and rotator interval tissue.

We then performed a Loop 'n Tack biceps tenodesis using the FiberLink. The biceps was resected from the superior glenoid tubercle. We next used the scorpion to pass two SutureTapes through the subscapularis. These SutureTapes as well as the biceps suture were placed into an Arthrex 4.75 mm SwiveLock and this was inserted into the lesser tuberosity for anatomic restoration of the subscapularis and for the arthroscopic biceps tenodesis. We had excellent purchase on the anchor. The tails were cut flush. The repair was stable to probing as well as internal and external rotation.

We next entered the subacromial space. A bursectomy was accomplished. The undersurface of the acromion was visualized. There was no spurring. The superior aspect of the rotator cuff was visualized from the bursal surface and there was no tearing. We therefore did not do any work in this region.

The shoulder was drained of arthroscopic fluid. The portals were closed in interrupted fashion using 3-0 Vicryl followed by 3-0 nylon sutures. A sterile dressing was applied. The patient was awakened from anesthesia and brought to PACU in stable condition.

Yon Gomez, P.A.-C, a trained surgical assistant, was necessary for multiple parts of the procedure including positioning, retraction, placement of implants, arm and camera manipulation and closure.

**DISPOSITION:** The patient will be in a sling for four weeks. No active biceps lifting. Active elbow, wrist and hand range of motion would be permitted. No active shoulder motion for four weeks. He will be on aspirin for four weeks for DVT prophylaxis.

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Daniel Elkin, M.D.  
DE:psc

D: 07/19/22 – 08:52  
T: 07/19/22 – 18:34  
#0719-074

**Hope Orthopedics Of Oregon**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6300  
 Fax: (503) 540-6404

Patient:

**Modesto Luis Hernandez**

Date of Birth:

07/24/1969

Date:

07/28/2022 9:20 AM

Visit Type:

Post-Operative Visit

Provider:

Yon Gomez PA-C

Historian:

Interpreter

This 53 year old client presents for post-op Left Shoulder.

**History of Present Illness****1. post-op Left Shoulder****Subjective:**

53-year-old male status post left shoulder arthroscopic rotator cuff repair, arthroscopic biceps tenodesis, extensive debridement performed on 07/19/2022. Patient states that he is overall doing well post-operatively. He reports that he is receiving all his post-operative medications at his facilities as recommended. At this time he reports that he is maintaining in the sling as instructed with no active shoulder motions. Today he rates his pain as a 5/10. He reports that he has not showered since the date of the surgery but that they are providing him with wash clothes.

**Problem List**

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Impingement syndrome, shoulder, left		N		
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder		N		
Traumatic partial tear of left biceps tendon, subsequent encounter		N		
Full thickness tear of left subscapularis		N		

tendon, subsequent encounter

### Past Medical History (Detailed)

#### Medication Reconciliation

Medications reconciled today.

Patient is on no medications.

#### Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			Reviewed, no changes.

### Family History

(Detailed)

### Social History (Detailed)

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

### Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.

MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

## Vital Signs

### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
9:32 AM	156/91	sitting	right	arm	automatic	adult large	Michelle Janisse

### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
9:32 AM	97.4	36.33	temporal	61	regular		Michelle Janisse

### Pain Scale

Time	Pain Score	Method	Measured By
9:32 AM	5/10	Numeric Pain Intensity Scale	Michelle Janisse

### Exam:

On physical exam patient is in no distress. Alert and oriented to time and place. Breathing is unlabored.

Focused exam of the left shoulder reveals:

Some visible swelling, incisions are intact with no signs of infection.

Sutures were removed and Steri-Strips placed.

Active range of motion:

Not assessed due to proximity to surgery.

5/5 AIN/PIN/Ulnar nerve strength.

2+ radial pulse. Sensation is normal in axillary, median, ulnar, and radial nerve distributions.

### Indication/Type of Treatment:

Indication	Type of Treatment	Side	Region	Initial Treatment Date	Global Days	Status
Impingement syndrome, shoulder, left	Arthscopy shldr decompression	Left	Shoulder	07/19/2022		scheduled
Full thickness tear of left subscapularis	Arthroscopic Rotator Cuff Repair	Left	Shoulder	07/19/2022		scheduled

tendon, subsequent encounter

Traumatic partial tear of left biceps tendon, subsequent encounter	ARTHROSCOPY BICEPS Left	Shoulder	07/19/2022	scheduled	
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder	Extensive debridement	Left	Shoulder	07/19/2022	scheduled

#### Clinical Assessment:

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Encounter for other orthopedic aftercare (Z47.89).

#### Assessment:

53-year-old male status post left shoulder arthroscopic rotator cuff repair, arthroscopic biceps tenodesis, extensive debridement performed on 07/19/2022.

#### Plan:

Overall patient is doing well post-operatively. He will continue to be in a sling for a total of 4 weeks and will continue with his at post-operative exercises of active elbow and wrist motions before starting physical therapy. He will follow-up in 6 weeks to reassess progress after coming out of sling and starting formal physical therapy. We discussed that during next visit we will review intra-operative images since they are not uploaded into our system.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

Yon Gomez, PA-C for attending physician, Daniel Elkin, MD

## Provider

Electronically signed by:

Gomez, Yon 07/28/2022 11:34 AM

Document generated by: Yon Gomez 07/28/2022 11:34 AM

**Electronically signed by Yon Gomez PA-C on 07/28/2022 12:26 PM**

**Hope Orthopedics Of Oregon**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6300  
 Fax: (503) 540-6404

Patient:

**Modesto Luis Hernandez**

Date of Birth:

07/24/1969

Date:

09/16/2022 1:11 PM

Visit Type:

Office Visit

Provider:

Yon Gomez PA-C

Historian:

self

This 53 year old patient was referred by Sean Elliott.

This 53 year old client presents for L shoulder PO.

**History of Present Illness****1. L shoulder PO****Subjective:**

53-year-old male status post left shoulder arthroscopic rotator cuff repair, arthroscopic biceps tenodesis, extensive debridement performed on 07/19/2022. Patient states that he is overall doing well post-operatively and reports that he has started to work with physical therapy at his facility on gaining his range of motion. He reports that he is still maintaining in his sling. At this time he is only taking ibuprofen. Today he rates his pain as a 6/10. He reports some intermittent numbness distally in the fingers but denies any tingling

**Problem List**

Problem Description	Onset Date	Chronic	Clinical Status	Notes
Impingement syndrome, shoulder, left		N		
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder		N		
Traumatic partial tear of left biceps tendon, subsequent encounter		N		
Full thickness tear of		N		

left subscapularis  
tendon, subsequent  
encounter

### Past Medical History (Detailed)

### Past Surgical History

Management	Date	Comments
Arthroscop Rotator Cuff Repair	20220719	
ARTHROSCOPY BICEPS TENODESIS	20220719	
Arthscopy shldr decompression	20220719	
Extensive debridement	20220719	

### Medications (active prior to today)

Medication Name	Sig Description	Start Date	Stop Date	Refilled	Rx Elsewhere
ibuprofen 200 mg tablet	take 1 tablet by oral route every 6 hours as needed with food	//			Y

### Medication Reconciliation

Medications reconciled today.

### Allergies:

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

### Family History

(Detailed)

### Social History (Detailed)

Preferred language is Spanish; Castilian.

Tobacco use status: Current non-smoker.

Smoking status: Never smoker.

### Review of Systems

System	Neg/Pos	Details
Constitutional	Negative	Fatigue, Fever and Night sweats.
Eyes	Negative	Vision loss.
Respiratory	Negative	Cough and Dyspnea.
Cardio	Negative	Chest pain, Cyanosis and Irregular heartbeat/palpitations.
GI	Negative	Constipation, Diarrhea, Nausea and Vomiting.
GU	Negative	Dysuria, Hematuria and Urinary incontinence.
Endocrine	Negative	Cold intolerance and Heat intolerance.
Neuro	Negative	Difficulty walking, Dizziness and Headache.
Integumentary	Negative	Rash.
MS	Negative	Except as noted in HPI and Chief complaint.
Hema/Lymph	Negative	Easy bleeding and Easy bruising.
Allergic/Immuno	Negative	Environmental allergies and Food allergies.

### Vital Signs

#### Blood Pressure

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size	Measured By
1:23 PM	154/96	sitting	right	arm	automatic	adult	Mariissa Brinson

#### Temperature/Pulse/Respiration

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/min	Measured By
1:23 PM	97.0	36.11	temporal	56	regular		Mariissa Brinson

#### Pain Scale

Time	Pain Score	Method	Measured By
1:23 PM	6/10	Numeric Pain Intensity Scale	Mariissa Brinson

#### Exam:

On physical exam patient is in no distress. Alert and oriented to time and place. Breathing is unlabored.

Focused exam of the left shoulder reveals:

No visible swelling, incisions are well healed with no signs of infection.

Active range of motion:

Forward flexion: 160

Abduction: 80

External rotation in abduction: 80

External rotation at the side: 80

Internal rotation: T10

5/5 AIN/PIN/Ulnar nerve strength.

2+ radial pulse. Sensation is normal in axillary, median, ulnar, and radial nerve distributions.

#### Indication/Type of Treatment:

Indication	Type of Treatment	Side	Region	Initial Treatment Date	Global Days	Status
Impingement syndrome, shoulder, left	Arthscopy shldr decompression	Left	Shoulder	07/19/2022	59	completed
Full thickness tear of left subscapularis tendon, subsequent encounter	Arthroscopic Rotator Cuff Repair	Left	Shoulder	07/19/2022	59	completed
Traumatic partial tear of left biceps tendon, subsequent encounter	ARTHROSCOPY BICEPS TENODESIS	Left	Shoulder	07/19/2022	59	completed
Superior labrum anterior-to-posterior (SLAP) tear of left shoulder	Extensive debridement	Left	Shoulder	07/19/2022	59	completed

#### Clinical Assessment:

#### Completed Orders (This Visit)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
	Arthscopy shldr decompression		Left			07/19/2022	Shoulder
	Arthroscopic Rotator Cuff Repair		Left			07/19/2022	Shoulder
	ARTHROSCOPY BICEPS TENODESIS		Left			07/19/2022	Shoulder
	Extensive debridement		Left			07/19/2022	Shoulder

## Assessment/Plan

#	Detail Type	Description
1.	Assessment	Encounter for other orthopedic aftercare (Z47.89).

### Assessment:

53-year-old male status post left shoulder arthroscopic rotator cuff repair, arthroscopic biceps tenodesis, extensive debridement performed on 07/19/2022.

### Plan:

Today we reviewed his progress and timelines with rehabilitation. He has achieved nearly full range of motion at this time but discussed continuing to focus on range of motion exercises. At 3 months he may begin the strengthening phase of rehabilitation. We discussed that he no longer needs to wear a sling. He will return in 2 months to reassess progress.

Any questions were answered. The patient demonstrated understanding and is agreeable with the recommendations as discussed.

Yon Gomez, PA-C for attending physician, Daniel Elkin, MD

### Active Patient Care Team Members

Name	Contact	Agency Type	Support Role	Relationship	Active Date	Inactive Date	Specialty
Lance Loberg			Patient provider	PCP			Family Medicine
Tommy Vu			encounter provider				Physician Assistant

### Provider

Electronically signed by:

Gomez, Yon 09/16/2022 4:09 PM

Document generated by: Yon Gomez 09/16/2022 04:09 PM

### CC Providers:

Loberg, Lance G  
9605 Grand Ronde Road  
Grand Ronde  
OR

97347-0000

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**Electronically signed by Yon Gomez PA-C on 09/16/2022 04:54 PM**

**Hope Therapy Services**

1600 State St  
 Salem, OR 97301-4257  
 Phone: (503)540-6472  
 Fax: (503) 540-6480

**Date:** August 30, 2022  
**Patient Name:** Luis Hernandez Modesto      **MR #:**  
**Date of Birth:** 07/24/1969      **Phone:** (503)588-6815  
**Insurance:** Marion County Sheriffs Office

**HOPE THERAPY SERVICES INITIAL EVALUATION**

**MEDICAL DIAGNOSIS:** M75.121      Nontraumatic complete tear of right rotator cuff (M75.121)

**TREATING DIAGNOSIS:** M25.512      Pain, joint, shoulder, left (M25.512)  
 M25.612      Stiffness of left shoulder joint (M25.612)  
 M62.81      Muscle weakness (generalized) (M62.81)

**PRECAUTIONS /**

**CONTRAINDICATIONS:** None

**TOTAL TREATMENT TIME:** 40 minutes

**DATE OF ONSET:** 07/19/2022

**TREATMENT STARTED:** 08/30/2022

**VISIT#:** 1

**TIME IN:** 9:10

**TIME OUT:** 10:00

**TREATING THERAPIST:** Jennifer F. Truax MSPT ATC R

**REFERRING PROVIDER:** Donna Millan FNP

**Body Part / Injury:** Left Shoulder

**Surgical Procedure**

L RCR with biceps tenodesis      **Date:** 07/19/2022      **Days post op:** 1 Month 11 Days

**Pain level at rest:** 3/10

**Pain level during activity:** 4/10

**PQRS:****Subjective**

Luis presents to PT today w a Spanish Speaking Interpreter and a Sheriff Transport guard. He is 6 weeks s/p R RCR with bicep tenodesis and was sent to PT for a HEP instruction to use while in prison.

**Date:** August 30, 2022

**Document Name:** NW PT Initial Eval

**Page:** 1

**Patient's Name:** Luis Hernandez Modesto

**MR#:**

He is using pain meds and asks when he can come off of them. He agrees to approach this question at his follow up.

**He c/o LE pain as well and asks about an injury to his L leg. We deferred this for now given he has not had any PT since surgery and he is 6 weeks s/p.**

## **Objective**

Interpreter present: David Ramirez ID: 12709

Initial evaluation complete. Neurovascular status intact. Pt educated on current surgical procedure and expectations of rehab.

Instructed and demonstration of

HEP (HO provided) which includes:

Access Code: X94PWBDV

Seated Shoulder Flexion Towel Slide at Table Top - 2-3 x daily - 7 x weekly - 2-3 sets - 10-15 reps

Scaption Wall Slide with Towel -

Seated Shoulder Shrugs -

Seated Scapular Retraction -

Seated Elbow Flexion AAROM -

Seated Upper Trapezius Stretch (Mirrored) -

Pt has limitations given the prison environment.

**Initial Eval:** PT-low complexity 15 minutes. No personal factors or co-morbidities. Presents with stable and uncomplicated characteristics.

**Ther Ex:** 25 minutes

TherEx was performed to HEP Education.

## **Shoulder Evaluation**

### **Range of Motion**

#### **RIGHT**

Flexion	Active: 170	Strength: 5/5
Abduction	Active: 170	Strength: 5/5

#### **LEFT**

Flexion	Active: 60	Passive: 115
Abduction	Active: 30	Passive: 115

## **Assessment**

Patient presents to therapy s/p Lt RCR. Pt demonstrates a good understanding of the surgical procedure and HEP. The clinical findings support the medical necessity to implement physical therapy treatment. Pt presents with deficits in ROM and strength. Pt would benefit from therapy to increase ROM and strength and decrease pain to return to prior level of function as described in the eval.

Rehab potential is expected to be good

Patient's motivation appears to be good

Patient's understanding of the condition is good

**Plan**

Patient to be seen as listed to meet goals. Will progress ROM and strength per MEDIUM/LARGE RCR protocol and as appropriate. Modalities as needed for pain control. Patient was informed of evaluation findings, involved in goal development and education. Given evaluation findings, the prognosis is GOOD with respect to achieving the above listed goals.

I will give Tommy Vu his advancement exercises for phase II of his rehab process. :

**Exercises**

Range of motion

Strengthening

Home exercise program

**Frequency:** 1 times per week

**Duration:** 1 week(s)

**GOALS****Short Term Goals**

Maintain integrity of repair by Following precautions and adhering to sling usage

**To be met in 1 weeks To be met by 08/30/2022**

Pt compliance with HEP 2-3x daily

**To be met in 2 weeks**

Increase PROM flexion to 115 deg

**To be met in 3 weeks To be met by 08/30/2022**

Pt to begin transition out of sling abd pillow 08/30/2022

*I have reviewed and agree with today's treatment.*

**I certify the need for these services for up to 90 days under this plan of treatment and while under my care.**

---

**Provider**

---

**Date**

---

*This document was generated electronically through NextGen EMR system.*

Electronically signed by Jennifer F. Truax MSPT ATC R on 08/30/2022 11:07 AM



## MARION COUNTY SHERIFF'S OFFICE

JOE KAST SHERIFF

**FAX COVER SHEET**To: SchedulingAgency: HOPE OrthoFax Number: 503-540-6404Phone Number: 503-540-6400Date: 08-05-2022From: Deputy Erik DouglassAgency: MARION COUNTY SHERIFFS OFFICEFax Number: 503-588-6819Phone Number: 503-588-6815Email: edouglass@CO.MARION.OR.USNumber of Pages: 3  
(Including cover sheet)**CONFIDENTIALITY NOTICE**

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## Special Instructions:

Luis-Hernandez, Modesto DOB: 07-24-1969 SID: 21941529

This subject is a prisoner at the Marion County Jail. Dr. Lance Loberg would like to schedule a six-weeks follow-up consultation following the most recent HOPE consult.

Please contact me to set a appointment date and time.

Thank you, Deputy Erik Douglass 503-588-6815

Rev. 6/19

Marion County Courthouse • 100 High Street NE / PO Box 14500, Salem, OR 97309

503.588.5094 • 503.588.7931 (fax) • www.co.marion.or.us/so

"To whom much is entrusted, much is expected."



Marion County Jail  
Health Services Unit  
4000 Aumsville Hwy. S.E., Salem, Oregon 97317  
Phone (503)588-8528 Fax (503)588-6819

DATE 8.3.22

**OUTSIDE CONSULT REQUISITION**

**PATIENT INFO**

Name Luis Hernandez, Modesto

SID 21941529 DOB 7.24.69

Allergies NKDA

MRD \_\_\_\_\_

**REFERRAL INFO**

Doctor's Name \_\_\_\_\_

Clinic Name Hope Orthopedics

Date/Time of Appt \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Directions \_\_\_\_\_

Reason For Consult follow up appt in 6 weeks

Special Instructions \_\_\_\_\_

Date Completed \_\_\_\_\_

PLEASE WRITE FIRMLY USE BLACK BALL POINT PEN

**MARION COUNTY JAIL - PHYSICIAN'S ORDERS**

Date: 7/22/22	Time: 1200	Name:	1
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ASA sling P2-CB Dm

- 1) Schedule/arrange apt/transport to Dr Von @ Hope Ortho 7/28/22 @ 0930.
- 2) Ankle pumps or hours of resting, or walk hourly x 3 weeks to prevent blood clots
- 3) Begin (slowly) Physical Therapy exercises shown in handout for 4-6 months. Dmilla FNP-C

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: 7.22.22	Time: 1450	Name:	2
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1) Sent to ER by car w/t AIC fell and got shoulder and arm area pain.  
T.O. Dr. Loberg / Bayar, m  
2) No dayroom until 7.28.22 Noted  
T.O. Dr. Loberg / Bayar, m 7.22.22  
*7/22/22*  
*Day 1*

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: 7-26-22	Time: 1559	Name: Luis Hernandez, Modesto	
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- 1) Wore Shoulder brace according to Dr. Loberg's prescription.
- 2) Continue ice fusions & bandages.
- 3) Still needs to see Dr Hernandez at 5/14 after.

*Care of Dr. Loberg*

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Date: 7/29/22	Time: 1500	Name:	4
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- 1) Per Hope Ortho: ① Maintain in sling without active shoulder motions x 4 weeks
- 2) Start Physical Therapy in 4 weeks
- 3) Hope Ortho follow up apt in 6 weeks

*Dmilla FNP-C*

UNLESS THIS BOX IS CHECKED, A FORMULARY EQUIVALENT MEDICATION MAY BE SUBSTITUTED BY PHARMACY

Patient Name Luis Hernandez, Modesto Physician Dr. Loberg

Allergies NDA 1/15DM

Luis-Hernandez



## MARION COUNTY SHERIFF'S OFFICE

**Discharge/Transfer Form - Health Services**

4000 Aumsville Hwy SE - Salem, OR 97317 - Phone (503) 588-8528 / Fax (503) 588-6819

TO: OSCD DATE: 11-22-22INMATE NAME: Luis-Hernandez, Modesta SID# 21941579AKA: \_\_\_\_\_ DOB: 7.24.69ALLERGIES: \_\_\_\_\_ DATE ADMITTED: 7.23.21MEDICAL / MENTAL HEALTH ISSUES: (1) Shoulder rotator cuff repair on 7/20/22

<u>MEDICATIONS</u>	<u>SIG</u>	<u>START DATE</u>	<u>STOP DATE</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			

TREATMENTS: \_\_\_\_\_

TB SKIN TEST: GIVEN: 8/3/21 CHEST X-RAY: \_\_\_\_\_  
 READ: 8/6/21 RESULTS: dm

LAB DATA/OTHER: \_\_\_\_\_  
\_\_\_\_\_RN SIGNATURE: BB J# 803